

## Adolescent Health Assessment: Age 11-18 Years, Self-Reported

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Birthday: \_\_\_\_\_

### **Welcome to the Orthopaedic Institute for Children's Center for Cerebral Palsy. Thank you for completing this questionnaire.**

This questionnaire will help us to better understand your general health and any problems related to bone and muscle conditions.

Your completion of this questionnaire is completely voluntary, and your responses will be held in the strictest confidence.

Please answer every question. Some questions may look like others, but each one is different.

There are no right or wrong answers. If you are not sure how to answer a question, just give the best answer you can. You can make comments in the margin. We do read all your comments, so feel free to make as many as you wish.

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Some kind of problems can make it hard to do many activities, such as eating, bathing, school work, and playing with friends. We would like to find out how you are doing. (Circle one response on each line.)

During the **last week** was it easy or hard for your child to:

	Easy	A little hard	Very hard	Can't do at all	Too young for this activity
1. Lift heavy books?	1	2	3	4	5
2. Pour a half gallon of milk?	1	2	3	4	5
3. Open a jar that has been opened before?	1	2	3	4	5
4. Use a fork and spoon?	1	2	3	4	5
5. Comb his/her hair?	1	2	3	4	5
6. Button buttons?	1	2	3	4	5
7. Put on his/her coat?	1	2	3	4	5
8. Write with a pencil?	1	2	3	4	5

9. On average, **over the last 12 months**, how often did you miss school, camp, etc. because of your health?

1. Rarely
2. Once a month
3. Two or three times a month
4. Once a week
5. More than once a week
6. Does not attend school, etc.

During the **last week** how happy have you been with: (Circle one response on each line.)

	Very happy	Somewhat happy	Not sure	Somewhat unhappy	Very unhappy	Child is too young
10. How you look?	1	2	3	4	5	6
11. Your body?	1	2	3	4	5	6
12. What clothes or shoes you can wear?	1	2	3	4	5	6
13. Your ability to do the same things your friends do?	1	2	3	4	5	6
14. Your health in general?	1	2	3	4	5	6

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During the **last week**, how much of the time: (Circle one response on each line.)

	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
15. Did you feel sick and tired?	1	2	3	4
16. Were you full of pep and energy?	1	2	3	4
17. Did pain or discomfort interfere with your activities?	1	2	3	4

During the **last week**, has it been easy or hard for you to: (Circle one response on each line.)

	<b>Easy</b>	<b>A little hard</b>	<b>Very hard</b>	<b>Can't do at all</b>	<b>Too young for this activity</b>
18. Run short distances?	1	2	3	4	5
19. Bicycle or tricycle?	1	2	3	4	5
20. Climb three flights of stairs?	1	2	3	4	5
21. Climb one flight of stairs?	1	2	3	4	5
22. Walk more than a mile?	1	2	3	4	5
23. Walk three blocks?	1	2	3	4	5
24. Walk one block?	1	2	3	4	5
25. Get on and off a bus?	1	2	3	4	5

26. How often do you need help from another person for walking and climbing?  
(Circle one response.)

1 Never      2 Sometimes      3 About half the time      4 Often      5 All the time

27. How often do you use assistive devices (such as braces, crutches, or wheelchair) for walking and climbing? (Circle one response.)

1 Never      2 Sometimes      3 About half the time      4 Often      5 All the time

During the **last week**, has it been easy or hard for you to: (Circle one response on each line.)

	<b>Easy</b>	<b>A little hard</b>	<b>Very hard</b>	<b>Can't do at all</b>	<b>Too young for this activity</b>
28. Stand while washing your hands and face at a sink?	1	2	3	4	5
29. Sit in a regular chair without holding on?	1	2	3	4	5
30. Get on and off a toilet or chair?	1	2	3	4	5
31. Get in and out of bed?	1	2	3	4	5
32. Turn door knobs?	1	2	3	4	5
33. Bend over from a standing position and pick up something off the floor?	1	2	3	4	5

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34. How often do you need help from another person for sitting and standing?

(Circle one response.)

1 Never      2 Sometimes      3 About half the time      4 Often      5 All the time

35. How often do you use assistive devices (such as braces, crutches, or wheelchair) for sitting and standing? (Circle one response.)

1 Never      2 Sometimes      3 About half the time      4 Often      5 All the time

36. Can you participate in **recreational outdoor activities** with other children the same age? (For example: bicycling, tricycling, skating, hiking, jogging) (Circle one response.)

1 Yes, easily      2 Yes, but a little hard      3 Yes, but very hard      4 No

**If you answered “no” to Question 36 above,** was your activity limited by: (Circle yes to all that apply.)

	<b>Yes</b>
37. Pain?	1
38. General Health?	1
39. Doctor or parent instructions?	1
40. Fear the other kids won't like you?	1
41. Dislike of recreational outdoor activities?	1
42. Activity not in season	1

43. Can you participate in **pickup games or sports** with other children the same age?

(For example: tag, dodge ball, basketball, softball, soccer, catch, jump rope, touch football, hop scotch) (Circle one response.)

1 Yes, easily      2 Yes, but a little hard      3 Yes, but very hard      4 No

**If you answered “no” to Question 44 above,** was your activity limited by: (Circle yes to all that apply)

44. Pain?	1
45. General Health?	1
46. Doctor or parent instructions?	1
47. Fear the other kids won't like you?	1
48. Dislike of pickup games or sports?	1
49. Activity not in season?	1

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50. Can you participate in **competitive level sports** with other children the same age? (For example: hockey, basketball, soccer, football, baseball, swimming, running [track or cross country], gymnastics, or dance) (Circle one response.)

- 1 Yes, easily      2 Yes, but a little hard      3 Yes, but very hard      4 No

**If you answered “no” to Question 52 above,** was your activity limited by: (Circle yes to all that apply.)

- |   | <b>Yes</b> |
|---|------------|
| 51. Pain?                               | 1          |
| 52. General Health?                     | 1          |
| 53. Doctor or parent instructions?      | 1          |
| 54. Fear the other kids won't like you? | 1          |
| 55. Dislike of pickup games or sports?  | 1          |
| 56. Activity not in season?             | 1          |

57. How often in the **last week** did you get together and do things with friends? (Circle one response.)

- 1 Often      2 Sometimes      3 Never or rarely

**If you answered “sometimes” or “never or rarely” to Question 60 above,** was your activity limited by: (Circle yes to all that apply.)

- |   | <b>Yes</b> |
|---|------------|
| 58. Pain?                                   | 1          |
| 59. General Health?                         | 1          |
| 60. Doctor or parent instructions?          | 1          |
| 61. Fear the other kids won't like him/her? | 1          |
| 62. Friends not around?                     | 1          |

63. How often in the **last week** did you participate in **gym/recess**? (Circle one response.)

- 1 Often      2 Sometimes      3 Never or rarely      4 No gym or recess

**If you answered “sometimes” or “never or rarely” to Question 66 above,** was your activity limited by: (Circle yes to all that apply.)

- |   | <b>Yes</b> |
|---|------------|
| 64. Pain?                               | 1          |
| 65. General Health?                     | 1          |
| 66. Doctor or parent instructions?      | 1          |
| 67. Fear the other kids won't like you? | 1          |
| 68. Dislike gym/recess?                 | 1          |

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69. School not in session? **Yes** 1
70. I don't attend school? 1
71. Is it easy or hard for you to make friends with children your own age?  
(Circle one response.)  
1 Usually easy    2 Sometimes easy    3 Sometimes hard    4 Usually hard
72. How much pain have you had during the **last week**? (Circle one response.)  
1 None    2 Very mild    3 Mild    4 Moderate    5 Severe    6 Very Severe
73. During the **last week**, how much did pain interfere with your normal activities  
(including at home, outside of the home, and at school)? (Circle one response.)  
1 Not at all    2 A little bit    3 Moderately    4 Quite a bit    5 Extremely

What expectations do you have for your treatment? As a result of my treatment, I expect:  
(Circle one response on each line.)

	<b>Definitely yes</b>	<b>Probably yes</b>	<b>Not sure</b>	<b>Probably not</b>	<b>Definitely not</b>
74. To have pain relief.	1	2	3	4	5
75. To look better.	1	2	3	4	5
76. To feel better about himself/herself.	1	2	3	4	5
77. To sleep more comfortably.	1	2	3	4	5
78. To be able to do activities at home.	1	2	3	4	5
79. To be able to do more at school.	1	2	3	4	5
80. To be able to do more play or recreational activities (biking, walking, doing things with friends).	1	2	3	4	5
81. To be able to do more sports.	1	2	3	4	5
82. To be free from pain or disability as an adult.	1	2	3	4	5

83. If you had to spend the rest of your life with your bone and muscle condition **as it is right now**,  
how would you feel about it? (Circle one response.)  
1 Very satisfied    2 Somewhat satisfied    3 Neutral    4 Somewhat dissatisfied  
5 Very dissatisfied