

# **Early Onset Scoliosis 24-Item Questionnaire (EOSQ-24)**

**Center for Pediatric Orthopedic Research  
Columbia University Medical Center**



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**Columbia Orthopaedics**  
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**General Health: During the past 4 weeks**

1. In general, you would say your child's health has been:

Poor	Fair	Good	Very good	Excellent
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2. How often has your child been sick?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
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**Pain/Discomfort : During the past 4 weeks**

3. How often has your child had pain/discomfort?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
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4. How severe has your child's pain/discomfort been?

Very Severe	Severe	Moderate	Mild	No Pain
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**Pulmonary Function: During the past 4 weeks**

5. How difficult has it been for your child to cry/babble/speak (appropriate for age) without experiencing shortness of breath?

Difficult	Somewhat Difficult	Neutral	Somewhat easy	Easy
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6. How often has your child experienced shortness of breath during activities?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
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**Transfer: During the past 4 weeks**

7. How often has your child's health condition limited his/her access to places?

All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
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<b>Physical Function: <u>During the past 4 weeks</u></b>				
<b>8. How difficult has it been for your child to move his/her upper body?</b>				
Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy
<b>9. How difficult has it been for your child to sit up on his/her own?</b>				
Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy
<b>10. How difficult has it been for your child to keep his/her balance while crawling, walking, or running?</b>				
Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

<b>Daily Living: <u>During the past 4 weeks</u></b>				
<b>11. How difficult has it been for your child to dress him/herself or assist with dressing?</b> (examples: helping remove/ putting-on clothing, pushing arms and legs through shirts and pants, or assisting with fasteners, zippers, snaps, buttons, velcro)				
Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy
<b>12. My child needs more time than a healthy child to eat the same amount of food.</b>				
Strongly agree	Inclined to agree	Neither	Inclined to disagree	Strongly disagree

<b>Fatigue/Energy Level: <u>During the past 4 weeks</u></b>				
<b>13. <u>How often</u> has your child had fatigue?</b>				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
<b>14. How difficult has it been for your child to keep up his/her energy all day?</b>				
Difficult	Somewhat difficult	Neutral	Somewhat easy	Easy

**PLEASE SEE NEXT PAGE TO CONTINUE**

<b>Emotion: <u>During the past 4 weeks</u></b>				
<b>15. How often has your child felt anxious/ nervous due to his/her health condition?</b>				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
<b>16. How often has your child felt frustrated due to his/her health condition?</b>				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time

<b>Parental Impact: <u>During the past 4 weeks</u></b>				
<b>17. How often have you felt anxious/nervous about his/her health condition?</b>				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
<b>18. How often has your child's health condition interfered with family activities?</b>				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
<b>19. How much has your child's health condition affected your energy level?</b>				
Extremely	A lot	Some	A little	Not at all
<b>20. How often have you missed or have you been late for work or social events due to your child's health condition?</b>				
All of the time	Most of the time	Some of the time	A small amount of the time	None of the time
<b>21. Have you been able to spend enough time with your family/partner/spouse despite your child's health condition?</b>				
None of the time	A little of the time	Some of the time	Most of the time	All of the time

<b>Financial Impact: <u>During the past 4 weeks</u></b>				
<b>22. How much of a financial burden has your child's diagnosis of Early Onset Scoliosis been?</b>				
Extreme burden	Quite a burden	Moderate burden	A little bit of a burden	No burden

<b>Satisfaction: <u>During the past 4 weeks</u></b>				
<b>23. How satisfied <u>is your child</u> with his/her ability to do things?</b>				
Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
<b>24. How satisfied <u>are you</u> with your child's ability to do things?</b>				
Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied

**THANK YOU**