

**Study Title: Feasibility and acceptability study for children and young people (aged 0–18 years) with musculoskeletal (MSK) conditions within private physiotherapy settings**

**ONE-MONTH FOLLOW UP PATIENT SURVEY**

**Question 1-** Who is filling this survey today? Please choose one:

- Joint (parent and child together)
- The Parent
- The child

**Question 2-**

<p><b>Pain Thermometer Scale</b></p> <p>     10 It hurts the worst! Bed rest.      9 Worst Pain Imaginable      8 Very Severe Pain. The pain interferes with daily tasks.      7 Very Strong      6 Quite a lot      5 Quite a lot      4 A bit      3 A bit      2 Mild Pain It hurts a little.      1 No Pain      0 No Pain It does not hurt.   </p>	<p>In the past week, what rating would you give for your pain on average?</p> <ul style="list-style-type: none"> <li>• 10-It Hurts the worst! Bed rest</li> <li>• 9- Worst pain imaginable</li> <li>• 8- Very severe pain</li> <li>• 7- Very, very strong</li> <li>• 6- Very strong</li> <li>• 5- A huge amount</li> <li>• 4- Quite a lot</li> <li>• 3- A bit painful</li> <li>• 2- Mild Pain. It hurts a little</li> <li>• 1- Mild Pain.</li> <li>• 0- No pain. It does not hurt</li> </ul>
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**Question 3-**

In the past week, how often has pain affected your daily activities, such as playing sports, climbing stairs, music lessons, dancing or other activities you enjoy?

- Daily activities affected on all 7 days of the past week (was unable to do anything)
- Daily activities affected for around 5 or 6 days
- Daily activities affected for around 3 or 4 days of the week
- Daily activities affected on 1 or 2 days
- Daily activities not affected, i.e. was able to carry out activities on all days of the week without any issues

**Question 4-**

In the past week, how often has pain affected your sleep at night?

- Sleep was affected on all 7 nights of the past week
- Sleep was affected on 5 or 6 nights
- Sleep was affected on 3 or 4 nights of the week
- Sleep was affected on 1 or 2 nights of the past week
- Sleep was not affected at all by pain

**Question 5-**

In the past week, how often has pain affected your ability to do schoolwork or study at home...

- No issues with doing schoolwork or study at home
- School work / study at home was affected on 1 or 2 days of the past week
- School work/ study at home was affected on 3 or 4 days of the past week
- School work/ study at home was affected on 5 or 6 days of the past week
- School work/ study at home was affected on all 7 days of the past week

**Question 6-**

In the past week, how often has pain made you feel upset, sad or frustrated?

- Never felt sad, upset or frustrated in the past week because of pain
- Felt sad, upset or frustrated on 1 or 2 days of the week
- Felt sad, upset or frustrated on 3 or 4 days of the week due to pain
- Felt sad, upset or frustrated on 5 or 6 days of the week
- Felt sad, upset or frustrated on all 7 days of the week due to pain

**Question 7-**

In the past week, how often did you feel tired because of pain?

- Never felt tired in the past week because of pain
- Felt tired on 1 or 2 days of the past week
- Felt tired on 3 or 4 days of the past week because of pain
- Felt tired on 5 or 6 days of the past week
- Almost always felt tired on all the 7 days of the past week because of pain

**Question 8-**

During your appointments/visits, were your/your child's questions and concerns listened to and answered in a way that you/your child could understand?

- Not at all
- A bit
- Mostly
- Fully

**Question 9:**

How well do you and your child understand your child's treatment plan?

- Not at all
- A bit
- Mostly
- Fully