

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

### PATIENT INITIAL SURVEY

**Please fill in this survey before your first appointment.**

- It helps your physio know about your health and how you're feeling. We will check your progress again after one month.
- Your answers are private. [Click here to read the patient information booklet](#) and how your details are kept safe.
- The survey is for children and young people aged **0-18**, and their parents or carers. It asks about aches and pains, such as sore knees or stiff joints.
- Taking part is your choice, and you can stop at any time.
- It takes less than 10 minutes to complete.
- Before you start, please make sure both you and your parent or carer agree to take part in this study.
- For children younger than 16 years it is advised that they complete the questions along with their parent.

1. What is the patient's age? Choose from one of the following

- a) Between 0 to 7 years
- a) Between 8 to 11 years
- b) Between 12 to 15 years
- c) Between 16 to 18 years

2. As a parent or guardian, is it okay for your child to take part in this survey?

- a) Yes, I give permission
- b) No, I do not give permission

3. Does the patient (child or young person) want to take part in this survey?

a) Yes, I want to take part

b) No, I do not want to take part

4. Who is filling this survey today? Please choose one:

A. a) Joint (parent and child together)

B. b) The Parent

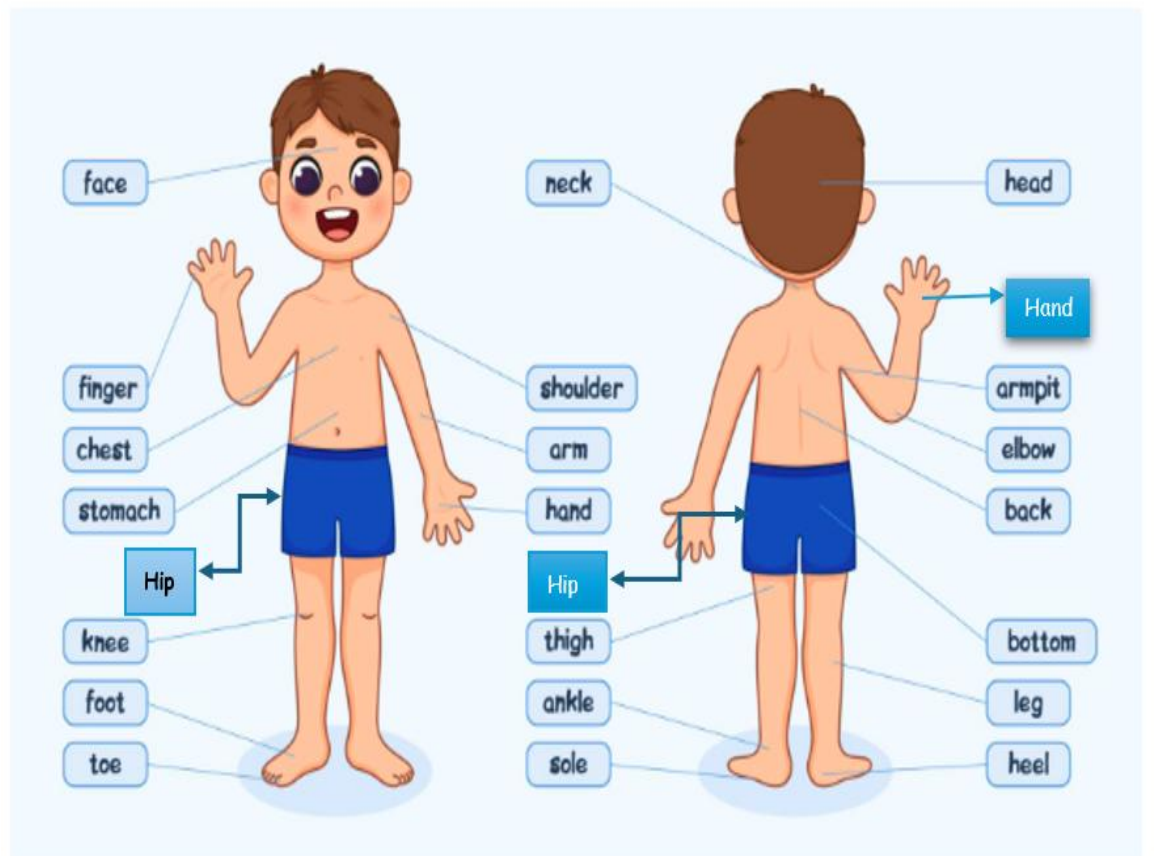
C. c) The child or young person

### SECTION A-

#### Question 1.

Which parts of your body hurt or are painful? (you may select more than one)

- Headache,
- Neck
- Shoulder
- upper arm
- Elbow
- Lower arm
- wrist
- Hand
- Chest
- Tummy
- Upper back
- Lower back
- Hip
- Thigh
- Knee
- lower leg
- Ankle
- Foot
- Aches all over the body



- Other (open box to write)

Question 2.

## Pain Thermometer Scale



In the past week, what rating would you give for your pain on average?

- 10-It Hurts the worst! Bed rest
- 9- Worst pain imaginable
- 8- Very severe pain
- 7- Very, very strong
- 6- Very strong
- 5- A huge amount
- 4- Quite a lot
- 3- A bit painful
- 2- Mild Pain. It hurts a little
- 1- Mild Pain.
- 0- No pain. It does not hurt

**Question 3-**

How long has the pain been going on?

- Less than 2 weeks
- 2 to 6 weeks
- 6 to 12 weeks
- 3 to 6 months
- 6 to 12 months
- 1 to 3 years
- 3 years or more

**Question 4-**

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 5-**

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 6-**

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 7-**

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 8-**

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

## Section B- About the patient (child, young person).

(please note: Some questions help us make sure everyone can get the support and treatment they need)

1. Please provide your home Postcode

Why your postcode? To check if care is reaching all areas fairly. We don't keep your full postcode-just an area score.

2. What was your sex at birth?

Male

Female

3. What is your ethnic group?

White British

White Irish

Other white backgrounds

Bangladeshi

Black African

Black Caribbean

Chinese

Indian

Pakistani

Arab

Mixed/multiple

Other backgrounds

