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Study Title: Feasibility and acceptability study for children and young people (aged 0–15 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 style="text-align: center;">Pain Thermometer Scale</p> <p>The scale consists of a vertical thermometer-like bar with 11 segments, numbered 0 to 10. Each segment has a corresponding emoji and a text box describing the pain level. The colors transition from blue at the bottom to red at the top.</p>	<p>In the past week, what rating would you give for your pain on average?</p> <ul style="list-style-type: none"> • 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
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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

