

Questionnaire for children and adolescents with musculoskeletal pain

Hi there,

thanks a lot for your participating in my research project:

Children and adolescents with musculoskeletal pain: prognosis, ethnicity, and long term pain (MPU 20-2017).

I appreciate it.

If you should have any questions, feel free to contact me on 27914224.

Best regards, Negar, medical doctor

First, I would like to know whether you have turned 17 years old?

Yes No

I consent voluntarily to my child's participation in this research project.

I have received written and oral information of the project.

Yes No

Name of the person custody lies with:
(One name is sufficient).

Do you wish to be informed of the results of the project and possible consequences for your child?

Yes No

I consent voluntarily to participate as a participant in this research project:

Do you wish to be informed of the results of the project and possible consequences for you?

Yes No

Back to you (the patient).
What is your name?

What is your name?

What is your CPR. no.?

Mobile phone no.
Please write your parent's phone no. if you don't have
one yourself

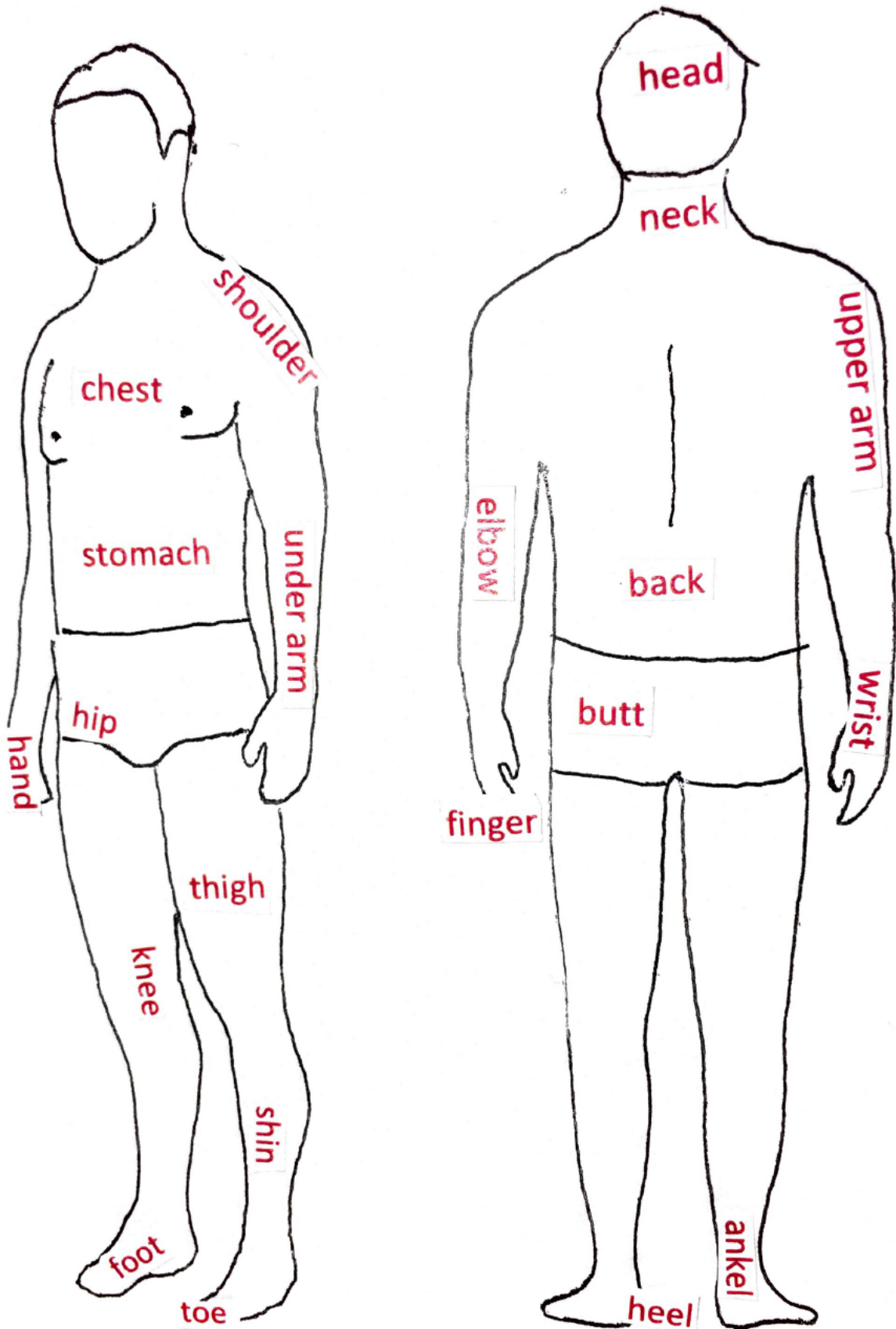
What sex are you?

Girl Boy

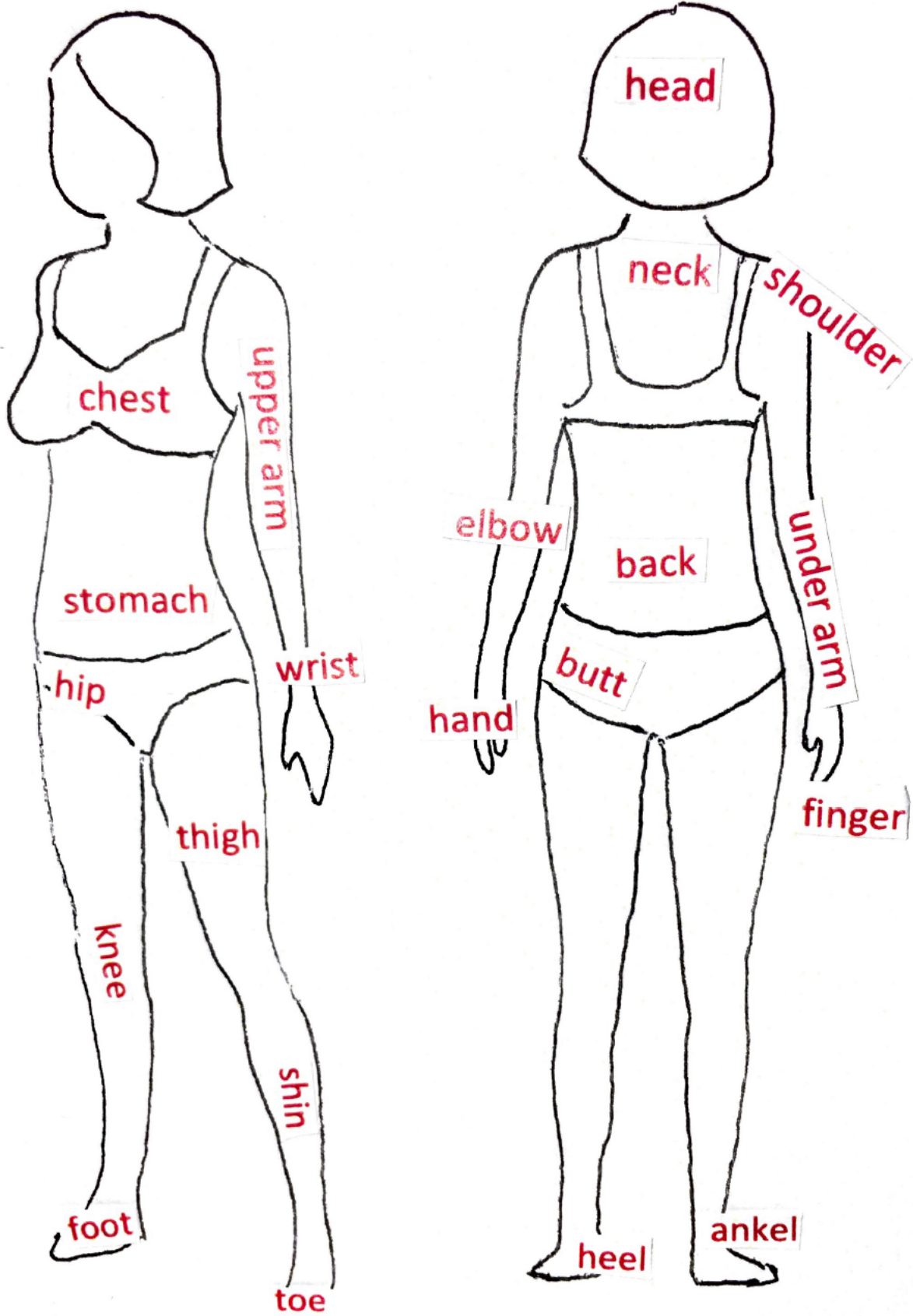
What is the name of your general practitioner or
his/her clinic?

The next questions concern your pain.

Below is a drawing of your body with names of the different parts of the body, where you can experience pain or feel hurt.



Below is a drawing of your body with names of the different parts of the body, where you can experience pain or feel hurt.



Have you experienced pain in the past two weeks that have lead you to not being able to participate in play in the school yard or sparetime activities (ex. football or other spare time activity)?

Yes No

Please mark the areas of your body where you have pain during the past two weeks.

If you have pain in more than one area of the body, it is important that you mark all the places with pain.

Example: If you have pain in both the right knee and left foot, you must mark "right knee" and "left foot".

- Head
- Neck
- Right shoulder
- Left shoulder
- Right side of the chest
- Left side of the chest
- Right upper arm
- Left upper arm
- Right elbow
- Left elbow
- Right under arm
- Left under arm
- Right wrist
- Left wrist
- One or more fingers on the right hand
- One or more fingers on the left hand
- Right hip
- Left hip
- Back
- Right hip
- Left hip
- Right knee
- Left knee
- Right shin
- Left shin
- Right ankle
- Left ankle
- Right heel
- Left heel
- Right foot
- Left foot
- One or more toes on the right foot
- One or more toes on the left foot

The next question is whether you have pain in other areas of your body, different from the ones selected in previous question.

Yes No

Do you have pain in other areas of the body?

Where?

- Head
- Neck
- Right shoulder
- Left shoulder
- Right side of the chest
- Left side of the chest
- Right upper arm
- Left upper arm
- Right elbow
- Left elbow
- Right under arm
- Left under arm
- Right wrist
- Left wrist
- One or more fingers on the right hand
- One or more fingers on the left hand
- Right hip
- Left hip
- Back
- Right hip
- Left hip
- Right knee
- Left knee
- Right shin
- Left shin
- Right ankle
- Left ankle
- Right heel
- Left heel
- Right foot
- Left foot
- One or more toes on the right foot
- One or more toes on the left foot

If you have pain in an area of the body, not named on the drawing above, please write it here:

Mark the statements to the right, that are true about your pain. You may mark more than one.

- It can easily be ignored
- It affects my concentration
- Sometimes I have to take pain medication
- Sometimes I can't attend school because of the pain
- None of the above

On the scale of 0 to 10 to the right, where 0 is no pain and 10 is the worst possible pain, mark the number that best represents your pain.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How long have you had your current pain?

Are you familiar with the cause for your current pain?

- Yes No

What is the cause for your current pain (ex. a fall, a hit or other)?

How long does a pain episode usually last?

- Less than 3 hours
 Less than 24 hours
 1-7 days
 Longer than 7 days

How often do you have a pain episode?

- At least once a week
 Less than once a week

Do you expect to be free of your current pain in the future?

- Yes, in the near future
 Yes, in the long-term future
 No

Do you take painkillers?

- No
 Yes, I take painkillers and know the name of them
 Yes, I take painkillers, but do not know the name of them

Please write the name of the painkillers that you take

How often do you take painkillers?

- Once a month
 Once a week
 More than once a week
 Every day

Is your pain radiating to your legs or arms?

- Yes No

The next questions concern your doctors appointment today.

Why did you come to your doctor today?
You may choose more than one answer.

- I want my pain to stop
 I am worried about the cause of my pain
 My family made me come
 I have a personal problem
 Because of my pain, I can't use my body as I used to
 None of the above

Do you expect your doctor to give you medication for your pain?

- Yes, I would like that
 No

Is this your first visit to your general practitioner concerning your current musculoskeletal pain condition?

- Yes No

This is visit number:

Do you feel worried or anxious?

- Yes
 No
 I don't know

Do you believe, that you have low self-esteem?

- Yes
 No
 I don't know

Do you believe in God? Yes
 No
 I don't know

Is it difficult to fall asleep because of pain? Yes No

Is it difficult to sit during a lesson? Yes No

Does your pain disturb a walk longer than 1 km? Yes No

Does your pain disturb your physical exercise? Yes No

Does your pain disturb your hobbies? Yes No

Do you have pain outside school hours? Yes No

Are you tired during the day? Yes No

Does your pain make any of the following activities difficult? You may mark more than one.

- Reaching up to get a book from a high shelf
- Carrying your school bag to school
- Sitting on a school chair for a 45-min. lesson
- Standing in a queue for 10 min
- Sitting up in bed from a lying position
- Bending down to put your socks on
- Standing up from an armchair at home
- Running fast to catch a bus
- Sport activities at school
- None of the above

The next questions concern both during school time and when you are not at school.

Outside school hours, how many hours a day do you spend watching TV/tablet/mobile phone/computer or do other activities when mostly sitting down?
 If you spend less than 1 hour a day, please write 0.

How much do you sleep on average per night? 7 hours or less
 8-10h
 More than 10 hours

Are you physical active besides school hours (ex. dance, fitness, swimming, or similar)? Yes No

How many times a week do you do sport?

Do you drink alcohol? Yes No

How often do you drink alcohol? More than once a month
 Approximately once a month
 Less than once a month
 I have only had alcohol one time
 I have never had alcohol

Do you smoke cigarettes? Yes No

How many cigarettes do you smoke a day?

- I don't smoke cigarettes every day
 1-4 cigarettes a day
 5-9 cigarettes a day
 More than 9 cigarettes a day

Do you have a job?

- Yes No

How would you generally describe your physical activity in your job?

- Mostly sedentary work that does not require physical exertion
 Mostly standing or walking work, which otherwise does not require physical exertion
 Standing or walking work with some lifting or carrying work
 Heavy or fast work which is physically strenuous
 I don't know

The following questions are general questions about you.

How often do you feel nervous?

- Often or sometimes
 Seldom or never

Which zip code(s) do you live in?
If you live in several places please write both zip codes.

_____ (If you live more than one place, please write both zip codes)

In which country were you born?

- Denmark Other country

In which other country were you born?

How many years have you lived in Denmark?

How many siblings do you have (including non-biological or siblings with a different mother or father than yours)?

- I don't have any siblings / I am an only child
 1
 2
 3
 4
 5
 6
 More than 6

Which number are you in your group of siblings?

What do you feel the most as?

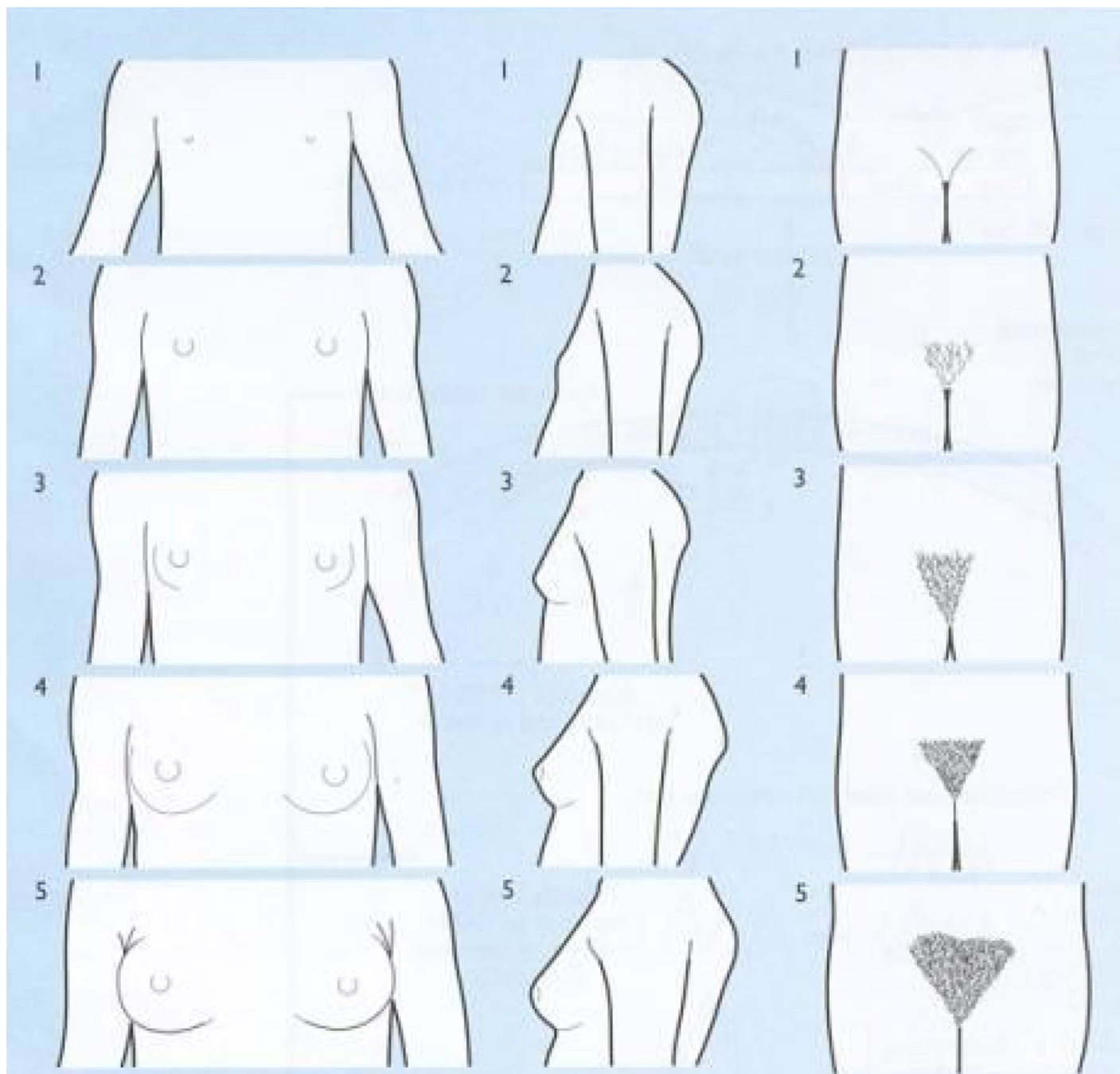
- Danish
 Danish with foreign background
 Foreigner
 I don't know
(Please answer the question, whatever your country of birth.)

How large a part of your friends have immigrant background or were not born in Denmark?

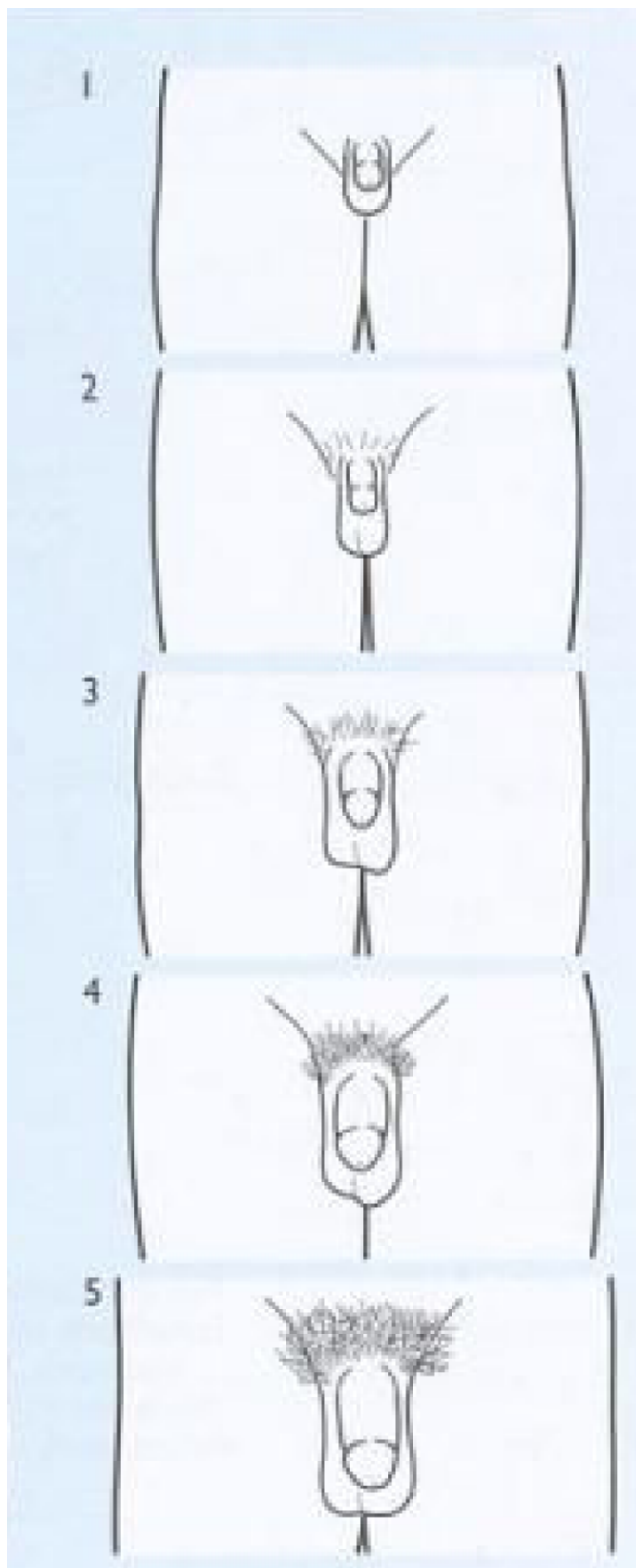
- None
 Almost none
 Almost all
 All

The last questions concern the development of your body.

Below is an image of the girl's body, and how it can look from the age 8 to 19 years.



Below is an image of the boy's body, and how it can look from the age 8 to 19 years.



Which image represents your current physical features?

Please write one number.

How tall are you?
Please answer as best as you know your height

How much do you weigh?
Please answers best as you know your weight

When was your visit at the doctor's with the above mentioned pain?

- Today
- About a week ago
- 2-4 weeks ago
- More than a month ago

Now we have reached the last question:
When are you completing this questionnaire?

- Before seeing the doctor
- After having seen the doctor
- I started completing the questionnaire before seeing the doctor, but competed it after having seen the doctor

You may now press: submit.