BRACE QUESTIONNAIRE

This questionnaire asks how you feel about your health, while you are wearing a brace. This is not a test and there are no right or wrong answers

- ***Please read carefully every question***
- ***Choose the best answer and mark with an x***

Example	**Never**	**Almost never**	**Sometimes**	**Most of the time**	**Always**
During the last week you were in a good mood for studying	☐	☐	☐	***x***	☐

Please tell us a few things about yourself:

You are: ☐ a girl ☐ a boy Age: …… years old

You are wearing the brace since ……

You are wearing the brace for ….. hours /day

Date.....

During the past 3 months...	Never	Almost never	Sometimes	Most of the time	Always
1. The brace made you feel ill	☐	☐	☐	☐	☐
2. You were afraid that your back will get worse	☐	☐	☐	☐	☐

During the past 3 months while you were wearing the brace...	Never	Almost never	Sometimes	Most of the time	Always
3. You felt tired when walking	☐	☐	☐	☐	☐
4. You were able to run	☐	☐	☐	☐	☐
5. You managed to wear the brace without any help	☐	☐	☐	☐	☐
6. You managed to take out the brace without any help	☐	☐	☐	☐	☐
7. You couldn't eat well	☐	☐	☐	☐	☐
8. You couldn't sleep well	☐	☐	☐	☐	☐
9. You couldn't breath well	☐	☐	☐	☐	☐

During the past 3 months...	Never	Almost never	Sometimes	Most of the time	Always
10. The brace made you feel nervous	☐	☐	☐	☐	☐
11. You felt worried because of the brace	☐	☐	☐	☐	☐
12. You felt happy	☐	☐	☐	☐	☐
13. You believed that your life would be better if you were not on brace	☐	☐	☐	☐	☐
14. You believed that brace treatment was beneficial	☐	☐	☐	☐	☐

During the past 1 month...	Never	Almost never	Sometimes	Most of the time	Always
15. You felt proud of yourself	☐	☐	☐	☐	☐
16. You were satisfied with your body	☐	☐	☐	☐	☐

During the past 1 month...	Never	Almost never	Sometimes	Most of the time	Always
17. You felt strong and full of energy	☐	☐	☐	☐	☐
18. You felt tired and exhausted because of the brace	☐	☐	☐	☐	☐

During the past 1 month, because of the brace...	Never	Almost never	Sometimes	Most of the time	Always
19. You had difficulties with your lessons	☐	☐	☐	☐	☐
20. You were absent from school	☐	☐	☐	☐	☐
21. You found it hard to pay attention in the classroom	☐	☐	☐	☐	☐

During the past 1 month, while you were wearing the brace...	Never	Almost never	Sometimes	Most of the time	Always
22. You had to take medication for pain	☐	☐	☐	☐	☐
23. You had pain during the night	☐	☐	☐	☐	☐
24. You had pain when walking	☐	☐	☐	☐	☐
25. You had pain when sitting	☐	☐	☐	☐	☐
26. You had pain when climbing stairs	☐	☐	☐	☐	☐
27. You felt pins and needles to your arms or legs	☐	☐	☐	☐	☐

During the past 1 month, because of the brace...	Never	Almost never	Sometimes	Most of the time	Always
28. You couldn't go out with your friends	☐	☐	☐	☐	☐
29. Your friends felt compassion for you	☐	☐	☐	☐	☐
30. You felt different from your peers	☐	☐	☐	☐	☐
31. You had problems with your family	☐	☐	☐	☐	☐
32. You believed that your relationship with your family or your friends would be better if you were not on brace	☐	☐	☐	☐	☐
33. You stayed at home because you were ashamed	☐	☐	☐	☐	☐
34. You worn special clothes	☐	☐	☐	☐	☐

Thank you!