

Young Disability Questionnaire

Version: 9 – 12 years

English



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How does the pain in the neck, middle of the back or lower back affect you?

When you answer the following questions, it is important you think about how the pain has affected you. If you have never felt what is described in one of the questions, then put an (X) in the "Never" box. Remember only one answer per line.

	Never	Once or twice	Sometimes	Often	Most of the time
1. When I'm in pain, it's difficult for me to look after myself (such as getting dressed, taking a shower or bath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I'm in pain, it's difficult to sit with my head bend (looking down at my phone or doing my homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I'm in pain, it's difficult to lift heavy things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I'm in pain, it's difficult for me to bend over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I'm in pain, it's difficult to stand up for as long as I normally can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I'm in pain, it's difficult to sit down for as long as I normally can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I'm in pain, it's difficult for me to walk as well as I normally can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I'm in pain, it's difficult for me to run as well as I normally can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I'm in pain, it's difficult for me to do sports like I normally do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I'm in pain, it's difficult for me to play as I normally can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I'm in pain, it's difficult for me to ride a bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Once or twice	Sometimes	Often	Most of the time
12. When I'm in pain, I'm not having as much fun as I normally do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When I'm in pain, I can feel more lonely than normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. When I'm in pain, it worries me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I'm in pain, it scares me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When I'm in pain, I get angry or irritated more easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When I'm in pain, I get sad or upset more easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I'm in pain, it's difficult for me to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When I'm in pain, I stay home from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. When I'm in pain, I don't sleep so well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. When I'm in pain, I have less energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When I'm in pain, it's difficult to talk to my mum and dad about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. When I'm in pain, it's difficult to talk to my friends about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. When I'm in pain, I get treatment (for example, from the doctor, chiropractor, or physiotherapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next 4 questions, tick a box, like in this example:

It matters the least						It matters the most				
0	1	2	3	4	5	6	7	8	9	10

We want to know what matters most to you when you are in pain.

Complete the four questions below, so that what matters most gets the highest score and what matters least gets the lowest score.

- a. That it hurts so much
- | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---------------------|---|---|---|----|
| It matters the least | | | | | | It matters the most | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
- b. That I can't move around as much as I'd like
- | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---------------------|---|---|---|----|
| It matters the least | | | | | | It matters the most | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
- c. That I can't spend as much time with my friends
- | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---------------------|---|---|---|----|
| It matters the least | | | | | | It matters the most | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
- d. That I get sad or angry or can't concentrate
- | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---------------------|---|---|---|----|
| It matters the least | | | | | | It matters the most | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |