SRS-30 Patient Questionnaire/Score Sheet

Name: _____ Today's Date: _____
Mo Day Year

Age: _____ _____ Sex: M F
Yr Mo

Diagnoses: _____ Deformity/Size_____ _____
_____
_____

Management: **I**nitial Evaluation
(Circle one) **O**bservation
Pre Brace
Brace_____
Type
Other _____
Describe

Pre Surgery
Indication_____

Surgery	Arthrodesis UV	Arthrodesis LV	Instrumentation UV	Instrumentation LV
Post	___	___	___	___
Ant	___	___	___	___

Date Initiated: ____ ____ ____ Follow-up _____ _____
____ ____ ____ _____ _____
____ ____ ____ _____ _____
Mo Day Yr Yrs Mo

DOMAIN	(Score: 5 Best – 1 Worst)	Post Surgery Questions	Score Pt/Possible(Max) **A**	#Questions Answered(Possible) **B**	Mean Score *** **A÷B**
Function/ Activity	___ ___ ___ ___ ___ 5* 9 12 15 18	___ ___ 25 26	____(___)(25) (35)+	____(5) (7)+	____
Pain	___ ___ ___ ___ ___ 1 2 8 11 17	___ 27	____(___)(25) (30)	____(5) (6)	____
Self Image/ appearance	___ ___ ___ ___ ___ ___ 4 6 10 14 19 23	___ ___ ___ 28 29 30	____(___)(30) (45)	____(6) (9)	____
Mental health**	___ ___ ___ ___ ___ 3 7 13 16 20		____(___)(25)	____(5)	____
SUB TOTAL			____(___)(105) (135)	____(21) (27)	____
Satisfaction with management	___ ___ 21 22	___ 24	____(___)(10) (15)	____(2) (3)	____
TOTAL			____(___)(115) (150) +max/possible with post surgery questions	____(23) (30)	____ ***Mean Score 5 Best 1 Worst

*Question Number
**Questions adopted with permission from SF-36

SCORING INSTRUCTIONS
Unanswered questions – reduce questions answered denominator by appropriate number
Delete questions with more than one response
Domain can't be scored if fewer than 3 questions answered