



Bone & Joint
Open

Supplementary Material

10.1302/2633-1462.21.BJO-2020-0202.R1

Patient-Reported Outcomes in Idiopathic Clubfoot

Parents' Questionnaire

Dear Parent/Guardian,

We are very interested in how your child feels about their idiopathic clubfoot and how it affects you and your family. The questions that follow will aim to collect your views on this topic.

Many thanks for your help.

The Research Team

ABOUT YOU

Before you begin, we would like to ask you a few general questions about yourself.

What is your **gender**? Male Female Prefer not to say

How old are you? _____ (years)

INSTRUCTIONS

In the next few pages, we would like to ask you some questions about how your child's condition is affecting what s/he is able to do day-by-day and how his/her condition is affecting you and your family. Please answer the **questions** giving as much details possible, and complete the **multiple-choice questions** by circling the score that best matches your feeling.

Please try to answer **all the questions.**

QUESTIONS

Daily Limitations

1. How does the condition affect your child, and your family, in terms of day-to-day life (e.g. getting dressed; going to school/work)?

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2. Is there any activity s/he cannot do (e.g. climbing the stairs; riding a bike)? And how does it affect yours and his/her daily life?

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3. Does your child feel pain in the ankle/foot? If yes, please explain when s/he feels it (e.g. while standing; when walking; etc.) and how this affects their daily activities.

- Never
- Rarely
- Sometimes
- Often
- Always

Additional details:

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Social Life

4. Is your child's foot limiting his/her ability to take part in any activity with his/her friends?

Please, explain how.

- Never
- Rarely
- Sometimes
- Often
- Always

Additional details:

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General Health

5. Does your child suffer from any other medical condition apart from his/her clubfoot? If yes, please give additional details.

- Yes
- No

Additional details:

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Emotional Barriers

6. How does your child feel about his/her condition? Please, explain if these feelings are related to specific limitations (e.g. difficulties in playing with their friends; limitations in sport participation).

- Sad
- Afraid
- Worried
- Frustrated
- None of the above

Additional details:

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7. Does your child care about his/her foot appearance? Please, explain what are their concerns about it.

- Never
- Rarely
- Sometimes
- Often
- Always

Additional details:

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Family Impact

8. How did your child's condition affect you and your family during the **initial diagnosis and treatment period** ?

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9. How is your child's condition **currently** affecting you and your family?

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10. What is your biggest fear about your child's future?

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11. Finally, is there anything else you would like to add? For example, anything else of particular importance or significance at the present time?

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YOU HAVE NOW FINISHED. THANK YOU.
PLEASE SEND THIS QUESTIONNAIRE BACK TO US.

Patient-Reported Outcomes in Idiopathic Clubfoot

Questionnaire for the children (5-7 years old)

Dear Parent/Guardian,

We are very interested in how clubfoot affects your child in their daily activities and how they feel. The following questionnaire has been made to help them to tell us, in their own words, how clubfoot affects them.

Many thanks for your help.

The Research Team

INTRODUCTION

In the next few pages, we will ask you questions about how your condition makes you feel or limits you in your daily activities (such as riding a bike; or climbing the stairs). We have tried to make these questions as easy as possible, and you can ask for your parent's help if you need it. Please choose the smiley face that best matches your answer.



Never



Sometimes



Often

ABOUT YOU

How old are you?

Are you a...

Boy

Girl

QUESTIONS

Limitations



1. I can climb the stairs with no problem.

2. I have no pain in my foot/ankle.

3. I can move my foot without any pain.

4. I can squat with no problem.

5. I can wear my shoes with no problem.

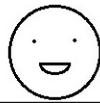
6. I am able to play outside with my friends.

Self-perception



7. I think that my feet look good.

Emotional Barriers



8. I am happy with my condition.

Would you tell us about any other limitations/feelings you have related to your condition?

We would like to know if you have any other limitation in doing activities you like to do or if you feel sad about your condition. For example, you may be worried about something related to your condition, or feel unhappy about some aspects of your foot.

Please, tell us in your own words how your condition may affect your day. In doing so, try to explain if you have any difficulty while going to school/pre-school; play with your friends; or while doing your daily things at home.

You can ask for your parent's help if you need it.

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YOU HAVE NOW FINISHED. THANK YOU.
PLEASE SEND THIS QUESTIONNAIRE BACK TO US.

Patient-Reported Outcomes in Idiopathic Clubfoot

Questionnaire for the children (8-11 years old)

Dear Parent/Guardian,

We are very interested in how clubfoot affects your child in their daily activities and how they feel. The following questionnaire has been made to help them to tell us, in their own words, how clubfoot affects them.

Many thanks for your help.

The Research Team

INTRODUCTION

In the next few pages, we will ask you questions about how your condition makes you feel or limits you in your daily activities (such as riding a bike; or climbing the stairs). We have tried to make these questions as easy as possible, and you can ask for your parent's help if you need it. Please choose the smiley face that best matches your answer.



Never



Sometimes



Often

ABOUT YOU

How old are you?

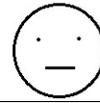
Are you a...

Boy

Girl

QUESTIONS

Limitations



1. I have no problem in climbing the stairs.

2. My foot/ankle is without any pain.

3. I can move my foot without feeling any pain.

4. I can squat with no difficulties.

5. I can wear my shoes with no difficulties.

6. I am able to play sports or to do PE.

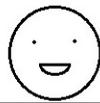
Self-perception



7. I like the way my feet look.

8. I like the way I look.

Emotional Barriers



9. I am ok with my condition.

10. I am happy to talk about my condition to others.

Would you tell us about any other limitations/feelings you have related to your condition?

We would like to know if you have any other limitation in doing activities you like to do or if you feel sad about your condition. For example, you may be worried about something related to your condition, or feel unhappy about some aspects of your foot.

Please, tell us in your own words how your condition may affect your day. In doing so, try to explain if you have any difficulty while going to school; meet/play with your friends; or while doing your daily things at home.

You can ask for your parent's help if you need it.

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YOU HAVE NOW FINISHED. THANK YOU.
PLEASE SEND THIS QUESTIONNAIRE BACK TO US.

Patient-Reported Outcomes in Idiopathic Clubfoot

Questionnaire for the children (12-16 years old)

Dear Parent/Guardian,

We are very interested in how clubfoot affects your child in their daily activities and how they feel. The following questionnaire has been made to help them to tell us, in their own words, how clubfoot affects them.

Many thanks for your help.

The Research Team

INTRODUCTION

In the next few pages, we will ask you questions about how your condition makes you feel or limits you in your daily activities (such as climbing the stairs; or meet with your friends). We have tried to make these questions as easy as possible. Please choose the smiley face that best matches your answer.



Never



Sometimes



Often

ABOUT YOU

Your age _____

Your gender:

Male Female

QUESTIONS

Limitations



1. I can climb the stairs with no problem.

2. My foot/ankle is pain-free.

3. I can freely move my foot with no problem at all.

4. I can easily squat.

5. I can easily wear my shoes.

6. I am able to take part in all the sport activities I want to.

Self-perception



7. I think that my feet look good.

8. I feel happy with the way I look.

Emotional Barriers



9. I feel good about my condition.

10. I feel good to talk with others about my condition.

Would you tell us about any other limitations/feelings you have related to your condition?

We would like to know if you have any other limitation in doing activities you like to do or if you feel sad about your condition. For example, you may be worried about something related to your condition, or feel unhappy about some aspects of your foot.

Please, tell us in your own words how your condition may affect your day. In doing so, try to explain if you have any difficulty while going to school; meet with your friends; or while doing your daily activities at home.

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YOU HAVE NOW FINISHED. THANK YOU.
PLEASE SEND THIS QUESTIONNAIRE BACK TO US.