

# Back Pain and Body Posture Evaluation Instrument (BackPEI)

This is a translated version of the original Portuguese version of the questionnaire

**Dear Student !!!**

**Read each question carefully and then select the best answer from the choices provided.**

If you have any question, please do not hesitate to ask the evaluator in charge.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm School year: 6 7 8 9 10 (UK system)  
Sex:  Male  Female School grade: 5 6 7 8 9 (USA system)

Name of School: \_\_\_\_\_ City: \_\_\_\_\_

Father's name (or Guardian's): \_\_\_\_\_

Mother's name (or Guardian's): \_\_\_\_\_

**1. Do you practice sport or physical exercise regularly at the school or outside the school?**

yes, please describe: \_\_\_\_\_  no (go to question 4)

**2. How many days per week do you practice sport or exercise?**

1 - 2 days a week  5 or more days a week  
 3 - 4 days a week  It varies by week

**3. Do you practice this sport or physical exercise competitively?**

yes  no

**4. How many hours per day do you usually spend sitting watching television?**

0 - 1 hour a day  6 - 7 hours a day  
 2 - 3 hours a day  8 hours or more a day  
 4 - 5 hours a day  I don't know, it depends on the day

**5. How many hours per day do you spend seated using your desktop/laptop computer?**

0 - 1 hour a day  4 - 5 hours a day  I don't know, it depends on the day  
 2 - 3 hours a day  6 or more hours a day

**6. Do you usually read or study in bed?**

yes  no  sometimes

**7. What is your favorite sleeping position?**

on my side  face up (on my back)  
 face down (on my stomach)  it varies

**8. How many hours do you spend sleeping in a day - 24 hour period?**

0 - 6 hours  8 - 9 hours  I don't know, it depends on the day  
 7 hours  10 hours or more

**9. How do you typically sit at your desk when writing while in school?**



**10. How do you typically sit on a chair or a bench when talking to your friends?**

					I could not identify one among these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**11. How do you typically sit when using your desktop or laptop computer?**

					I could not identify one among these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**12. How do you typically pick up objects from the floor?**

				I could not identify one among these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**13. From the picture showing below please select the image that represent the bag that you carry to the school.**

					Another
Backpack with 2 straps ( a )	Backpack with 1 strap ( b )	Wheeled backpack ( c )	Bag ( d )	Briefcase ( e )	( f )
If you chose alternative (a) (Backpack with 2 straps) go to question 14. If not go to question 15.					

**14. How do you typically carry your bag to the school?**



**15. What level of formal education has your mother (or female guardian) completed?**

- she did not attend school
- primary school (1<sup>st</sup> to 8<sup>th</sup> grade)
- secondary school (1<sup>st</sup> to 3<sup>rd</sup> grade)
- higher education (University)
- I don't know
- I don't have a female parent (guardian)

**16. What level of formal education has your father (or male guardian) completed?**

- he did not attend school
- primary school (1<sup>st</sup> to 8<sup>th</sup> grade)
- secondary school (1<sup>st</sup> to 3<sup>rd</sup> grade)
- higher education (University)
- I don't know
- I don't have a male parent (guardian)

**17. Do either of your parents (or guardians) have back pain?**

- I don't know
- yes, who? \_\_\_\_\_
- No

**18. Have you felt (or have been) back pain in the last 3 months?**

- yes (please continue answering the questionnaire)
- no (you have finished the questionnaire, thank you)
- I don't know

**19. How often do you feel (or felt) back pain?**

- only once
- once a month
- once a week
- 2 - 3 times a week
- 4 or more times a week
- I don't know

**20. Does the pain prevent (or have prevented) you from performing daily life activities, such as: playing, studying, practicing sports, etc.**

- yes
- no
- I don't know

**21. On the scale from 0 to 10, please identify the intensity of your back pain for the last 3 months.**

(Please add a "X" along the line that corresponds to your pain intensity).



**Thank you very much for your collaboration.  
We really appreciate you !!!**

