

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)

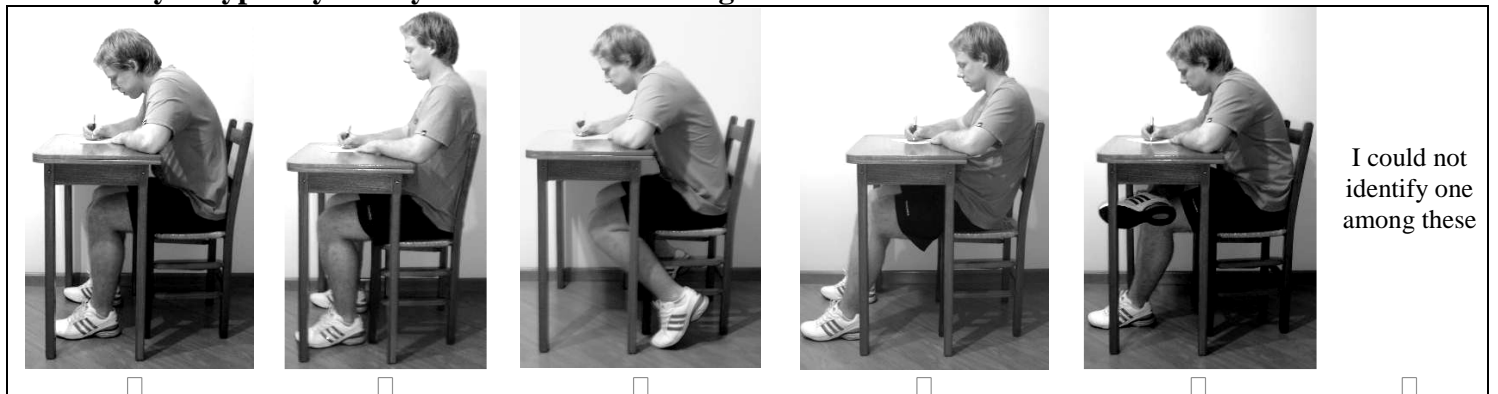
☐ face down (on my stomach) ☐ it varies

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

☐☐☐☐☐☐





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



I could not identify one among these

☐☐☐☐☐☐






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



I could not identify one among these

☐☐☐☐☐

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?

					Different way/ I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> he did not attend school | <input type="checkbox"/> higher education (University) |
| <input type="checkbox"/> primary school (1 st to 8 th grade) | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> secondary school (1 st to 3 rd grade) | <input type="checkbox"/> 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?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> only once | <input type="checkbox"/> 2 - 3 times a week |
| <input type="checkbox"/> once a month | <input type="checkbox"/> 4 or more times a week |
| <input type="checkbox"/> once a week | <input type="checkbox"/> 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 !!!**

