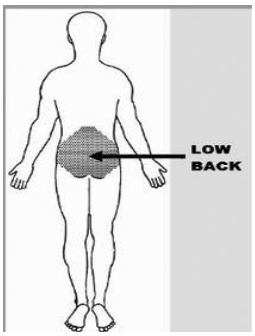
Minimal Dataset
(PROMIS items marked with [1]; STarT Back or nearly identical items marked with [2]; RTF Impact Classification items marked with *)



1. How long has low-back pain been an ongoing problem for you?

- ☐ Less than 1 month
- ☐ 1–3 months
- ☐ 3–6 months
- ☐ 6 months–1 year
- ☐ 1–5 years
- ☐ More than 5 years

2. How often has low-back pain been an ongoing problem for you over the past 6 months?

- ☐ Every day or nearly every day in the past 6 months
- ☐ At least half the days in the past 6 months
- ☐ Less than half the days in the past 6 months

3. In the past 7 days, how would you rate your low-back pain on average?*[1,2]

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
No pain									Worst Imaginable pain

4. Has back pain spread down your leg(s) during the past 2 weeks?[2]

- ☐ Yes
- ☐ No
- ☐ Not sure

5. During the past <u>4 weeks</u>, how much have you been bothered by …	**Not bothered at all**	**Bothered a little**	**Bothered a lot**
• Stomach pain	☐	☐	☐
• Pain in your arms, legs, or joints other than your spine or back	☐	☐	☐
• Headaches	☐	☐	☐
• Widespread pain or pain in most of your body	☐	☐	☐

6. Have you ever had a low-back operation?

- ☐ Yes, one operation
- ☐ Yes, more than one operation
- ☐ No

7. If yes, when was your last back operation?

- ☐ Less than 6 months ago
- ☐ More than 6 months but less than 1 year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years ago

8. Did any of your back operations involve a spinal fusion? (also called an arthrodesis)

- ☐ Yes
- ☐ No
- ☐ Not sure

In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
9. How much did pain interfere with your day-to-day activities?*[1]	☐	☐	☐	☐	☐
10. How much did pain interfere with work around the home?*[1]	☐	☐	☐	☐	☐
11. How much did pain interfere with your ability to participate in social activities?*[1]	☐	☐	☐	☐	☐
12. How much did pain interfere with your household chores?*[1]	☐	☐	☐	☐	☐

13. Have you used any of the following treatments for your back pain? ***(Check all that apply)***

	Yes	**No**	**Not sure**
• **Opioid painkillers** (*prescription medications such as Vicodin, Lortab, Norco, hydrocodone, codeine, Tylenol #3 or #4, Fentanyl, Duragesic, MS Contin, Percocet, Tylox, OxyContin, oxycodone, methadone, tramadol, Ultram, Dilaudid*)	☐	☐	☐
If you checked yes, are you currently using this medication?……	☐	☐	
• **Injections** *(such as epidural steroid injections, facet injections)* **……..**	☐	☐	☐
• **Exercise therapy……..**	☐	☐	☐
• **Psychological counseling, such as cognitive-behavioral therapy……**	☐	☐	☐

The next two questions are for people who normally work outside the home.

14. I have been off work or unemployed for 1 month or more due to low-back pain.

- ☐ Agree
- ☐ Disagree
- ☐ Does not apply

15. I receive or have applied for disability or workers' compensation benefits because I am unable to work due to low-back pain.

- ☐ Agree
- ☐ Disagree
- ☐ Does not apply

Physical Function	**Without any difficulty**	**With a little difficulty**	**With some difficulty**	**With much difficulty**	**Unable to do**
16. Are you able to do chores such as vacuuming or yard work?*[1]	☐	☐	☐	☐	☐
17. Are you able to go up and down stairs at a normal pace?*[1]	☐	☐	☐	☐	☐
18. Are you able to go for a walk of at least 15 minutes?*[1,2]	☐	☐	☐	☐	☐
19. Are you able to run errands and shop?*[1]	☐	☐	☐	☐	☐
In the past 7 days...	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
20. I felt worthless[1]	☐	☐	☐	☐	☐
21. I felt helpless[1]	☐	☐	☐	☐	☐
22. I felt depressed[1]	☐	☐	☐	☐	☐
23. I felt hopeless[1]	☐	☐	☐	☐	☐
In the past 7 days…	**Very poor**	**Poor**	**Fair**	**Good**	**Very good**
24. My sleep quality was[1]	☐	☐	☐	☐	☐
In the past 7 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
25. My sleep was refreshing[1]	☐	☐	☐	☐	☐
26. I had a problem with my sleep[1]	☐	☐	☐	☐	☐
27. I had difficulty falling asleep[1]	☐	☐	☐	☐	☐

28. It's not really safe for a person with my back problem to be physically active.[2]

- ☐ Agree
- ☐ Disagree

29. I feel that *my back pain is terrible* and *it's never going to get any better*.[2]

- ☐ Agree
- ☐ Disagree

30. Are you involved in a lawsuit or legal claim related to your back problem?

- ☐ Yes
- ☐ No
- ☐ Not sure

In the past year:

	Never	Rarely	Sometimes	Often
31. Have you drunk or used drugs more than you meant to?	☐	☐	☐	☐
32. Have you felt you wanted or needed to cut down on your drinking or drug use?	☐	☐	☐	☐

33. Age: _____ years (0–120)

34. Gender:

- ☐ Female
- ☐ Male
- ☐ Unknown
- ☐ Unspecified

35. Ethnicity: *("X" ONLY one with which you MOST CLOSELY identify)*

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown
- ☐ Not Reported

36. Race: *("X" those with which you identify)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Unknown
- ☐ Not Reported

37. Employment Status:

- ☐ Working now
- ☐ Looking for work, unemployed
- ☐ Sick leave or maternity leave
- ☐ Disabled due to back pain, permanently or temporarily
- ☐ Disabled for reasons other than back pain
- ☐ Student
- ☐ Temporarily laid off
- ☐ Retired
- ☐ Keeping house
- ☐ Other, Specify:_____
- ☐ Unknown

38. Education Level: *(select the highest level attained)*

- ☐ No high school diploma
- ☐ High school graduate or GED
- ☐ Some college, no degree
- ☐ Occupational/technical/vocational program
- ☐ Associate degree: academic program
- ☐ Bachelor's degree
- ☐ Master's degree (e.g., M.A., M.S., M.Eng., M.Ed., M.B.A.)
- ☐ Professional school degree (e.g., M.D., D.D.S., D.V.M., J.D.)
- ☐ Doctoral degree (e.g., Ph.D., Ed.D.)
- ☐ Unknown

39. How would you describe your cigarette smoking?

- ☐ Never smoked
- ☐ Current smoker
- ☐ Used to smoke, but have now quit

40. Height: _____	☐ inches	☐ centimeters	☐ measured	☐ self-reported
Weight: ____	☐ pounds	☐ kilograms	☐ measured	☐ self-reported