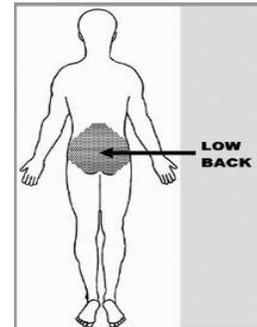


**Minimal Dataset**  
**(PROMIS items marked with <sup>1</sup>; STarT Back or nearly identical items marked with <sup>2</sup>; RTF Impact Classification items marked with \*)**



**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?\***<sup>1,2</sup>

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| 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?**<sup>2</sup>

- Yes
- No
- Not sure

**5. During the past 4 weeks, how much have you been bothered by ...**

	Not bothered at all	Bothered a little	Bothered a lot
• Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pain in your arms, legs, or joints other than your spine or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Widespread pain or pain in most of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?*	<input type="checkbox"/>				
10. How much did pain interfere with work around the home?*	<input type="checkbox"/>				
11. How much did pain interfere with your ability to participate in social activities?*	<input type="checkbox"/>				
12. How much did pain interfere with your household chores?*	<input type="checkbox"/>				

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

	Yes	No	Not sure
• <b>Opioid painkillers</b> (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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you checked yes, are you currently using this medication?.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Injections</b> (such as epidural steroid injections, facet injections) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Exercise therapy</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Psychological counseling, such as cognitive-behavioral therapy</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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? <sup>*1</sup>	<input type="checkbox"/>				
17. Are you able to go up and down stairs at a normal pace? <sup>*1</sup>	<input type="checkbox"/>				
18. Are you able to go for a walk of at least 15 minutes? <sup>*1,2</sup>	<input type="checkbox"/>				
19. Are you able to run errands and shop? <sup>*1</sup>	<input type="checkbox"/>				
In the past 7 days...	Never	Rarely	Sometimes	Often	Always
20. I felt worthless <sup>1</sup>	<input type="checkbox"/>				
21. I felt helpless <sup>1</sup>	<input type="checkbox"/>				
22. I felt depressed <sup>1</sup>	<input type="checkbox"/>				
23. I felt hopeless <sup>1</sup>	<input type="checkbox"/>				
In the past 7 days...	Very poor	Poor	Fair	Good	Very good
24. My sleep quality was <sup>1</sup>	<input type="checkbox"/>				
In the past 7 days...	Not at all	A little bit	Somewhat	Quite a bit	Very much
25. My sleep was refreshing <sup>1</sup>	<input type="checkbox"/>				
26. I had a problem with my sleep <sup>1</sup>	<input type="checkbox"/>				
27. I had difficulty falling asleep <sup>1</sup>	<input type="checkbox"/>				

**28. It's not really safe for a person with my back problem to be physically active.<sup>2</sup>**

- Agree
- Disagree

**29. I feel that *my back pain is terrible and it's never going to get any better.*<sup>2</sup>**

- 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
<b>31. Have you drunk or used drugs more than you meant to?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32. Have you felt you wanted or needed to cut down on your drinking or drug use?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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