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 4 weeks, 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...

9. How much did pain interfere with your day-to-day activities?*1
   - Not at all
   - A little bit
   - Somewhat
   - Quite a bit
   - Very much

10. How much did pain interfere with work around the home?*1
    - Not at all
    - A little bit
    - Somewhat
    - Quite a bit
    - Very much

11. How much did pain interfere with your ability to participate in social activities?*1
    - Not at all
    - A little bit
    - Somewhat
    - Quite a bit
    - Very much

12. How much did pain interfere with your household chores?*1
    - Not at all
    - A little bit
    - Somewhat
    - Quite a bit
    - Very much

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

   - 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)*
     - Yes
     - No
     - Not sure

   If you checked yes, are you currently using this medication?…………..

   - Injections *(such as epidural steroid injections, facet injections)*
     - Yes
     - No
     - Not sure

   - Exercise therapy
     - Yes
     - No
     - Not sure

   - Psychological counseling, such as cognitive-behavioral therapy
     - Yes
     - No
     - Not sure

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

<table>
<thead>
<tr>
<th>Physical Function</th>
<th>Without any difficulty</th>
<th>With a little difficulty</th>
<th>With some difficulty</th>
<th>With much difficulty</th>
<th>Unable to do</th>
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<tbody>
<tr>
<td>16. Are you able to do chores such as vacuuming or yard work?*1</td>
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<td>17. Are you able to go up and down stairs at a normal pace?*1</td>
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<td>18. Are you able to go for a walk of at least 15 minutes?*1,2</td>
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<td>19. Are you able to run errands and shop?*1</td>
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</tbody>
</table>

In the past 7 days...

20. I felt worthless¹                                                                 | □                      | □                       | □                    | □                    | □            |
21. I felt helpless³                                                                 | □                      | □                       | □                    | □                    | □            |
22. I felt depressed³                                                                | □                      | □                       | □                    | □                    | □            |
23. I felt hopeless³                                                                | □                      | □                       | □                    | □                    | □            |

In the past 7 days...

24. My sleep quality was¹                                                           | □                      | □                       | □                    | □                    | □            |

In the past 7 days...

25. My sleep was refreshing¹                                                        | □                      | □                       | □                    | □                    | □            |
26. I had a problem with my sleep¹                                                 | □                      | □                       | □                    | □                    | □            |
27. I had difficulty falling asleep¹                                               | □                      | □                       | □                    | □                    | □            |
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:

31. Have you drunk or used drugs more than you meant to?
   □ Never
   □ Rarely
   □ Sometimes
   □ Often

32. Have you felt you wanted or needed to cut down on your drinking or drug use?
   □ Never
   □ Rarely
   □ Sometimes
   □ Often

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