

BOLD Registry Patient-Reported Outcomes Data Dictionary

Brief Pain Inventory

Brief Pain Inventory Interference Questions

Collected at 0, 3, 6, 12, and 24 months after baseline

Demographics

Demographic data on the BOLD population

Collected at baseline only

Derived Outcome Variables

Compiled patient-reported outcome variables

PROs summarized at 0, 3, 6, 12, and 24 months after baseline

Duration of Pain

How long the patient had had back pain at baseline

Enrollment Data

Study enrollment, withdrawal, and death information

Collected at baseline only

EQ-5D

Euro-Qol 5 dimensions questionnaire patient-reported outcomes

Collected at 0, 3, 6, 12, and 24 months after baseline

Falls

BRFSS falls patient-reported outcomes

Collected at 0, 3, 6, 12, and 24 months after baseline

Back pain expectations

Patient's confidence that back pain would be gone in 3 months on a scale of 0-10

Collected at baseline only

Pain Numeric Rating Scale (NRS)

Pain Numeric Rating Scale patient-reported outcomes

Collected at 0, 3, 6, 12, and 24 months after baseline

Patient Health Questionnaire (PHQ4)

Patient Health Questionnaire patient-reported outcomes

Collected at 0, 3, 6, 12, and 24 months after baseline

Roland-Morris Disability Questionnaire (RDQ)

Roland-Morris Disability Questionnaire (RDQ) patient-reported outcomes

Collected at 0, 3, 6, 12, and 24 months after baseline

Screening data

Data collected to determine if patient qualified to participate in the BOLD study

Collected at baseline only

Version 8 questions

StartBack and other questions added after BOLD had started

Collected at 0, 3, 6, 12, and 24 months for a subset of the BOLD population only

Brief Pain Inventory			
field	description	type	codes
bpi_general_0	1. General activity (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_mood_0	2. Mood (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_walk_0	3. Walking ability (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_work_0	4. Normal work (includes both work outside the home and housework) (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_relate_0	5. Relations with other people (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_sleep_0	6. Sleep (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_enjoy_0	7. Enjoyment of life (baseline)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_general_1	1. General activity (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes

Brief Pain Inventory			
field	description	type	codes
bpi_mood_1	2. Mood (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_walk_1	3. Walking ability (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_work_1	4. Normal work (includes both work outside the home and housework) (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_relate_1	5. Relations with other people (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_sleep_1	6. Sleep (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_enjoy_1	7. Enjoyment of life (3 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_general_2	1. General activity (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_mood_2	2. Mood (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes

Brief Pain Inventory			
field	description	type	codes
bpi_walk_2	3. Walking ability (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_work_2	4. Normal work (includes both work outside the home and housework) (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_relate_2	5. Relations with other people (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_sleep_2	6. Sleep (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_enjoy_2	7. Enjoyment of life (6 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_general_3	1. General activity (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_mood_3	2. Mood (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_walk_3	3. Walking ability (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes

Brief Pain Inventory			
field	description	type	codes
bpi_work_3	4. Normal work (includes both work outside the home and housework) (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_relate_3	5. Relations with other people (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_sleep_3	6. Sleep (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_enjoy_3	7. Enjoyment of life (12 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_general_4	1. General activity (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_mood_4	2. Mood (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_walk_4	3. Walking ability (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_work_4	4. Normal work (includes both work outside the home and housework) (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes

Brief Pain Inventory			
field	description	type	codes
bpi_relate_4	5. Relations with other people (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_sleep_4	6. Sleep (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_enjoy_4	7. Enjoyment of life (24 month)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes

Demographics			
field	description	type	codes
age	1. Patient age in years	Num	
sex	2. Patient gender	Num	1=Male 0=Female
hispanic	3. Are you of Latino or Hispanic origin?	Num	1=Yes 0=No
race	4. What is your race?	Num	0=Black or African American 1=Native American Indian or Native Alaskan 2=Native Hawaiian or other Pacific Islander 3=Asian 4=Caucasian 5=Other
education	5. What is the highest grade or year you completed in school?	Num	0=Less than high school graduate 1=High school graduate or obtained a GED 2=Vocational, technical, or trade school 3= Some college 4=Four year college graduate 5=Professional or graduate degree
marital	6. What is your current marital status?	Num	0=Married 1=Living with a partner 2=Separated 3=Divorced 4=Never married and presently single 5=Widowed
employment	7. Which of the following best describes your current employment situation?	Num	0=Working full-time 1=Working part-time 2=Retired (not due to ill health) 3=On leave of absence 4=Unemployed and looking for work 5=Retired or disabled because of ill health 6=Homemaker 7=Other
employmentother	7.1. If 'Other', please specify:	Text	
lawyer	8. Is a lawyer helping you with a claim or lawsuit related to your current pain or other	Num	1=Yes 0=No
smokingstatus	9. What of the following best describes your smoking pattern?	Num	0=Never Smoked 1=Quit smoking over a year ago 2=Current smoker, or quit less than a year

Derived Outcome Variables			
field	description	type	codes
roland_0	Roland score (0-24), baseline	Num	
roland_1	Roland score (0-24), 3 months	Num	
roland_2	Roland score (0-24), 6 months	Num	
roland_3	Roland score (0-24), 12 months	Num	
roland_4	Roland score (0-24), 24 months	Num	
rolandmiss_0	Number of missing Roland items, baseline	Num	
rolandmiss_1	Number of missing Roland items, 3 months	Num	
rolandmiss_2	Number of missing Roland items, 6 months	Num	
rolandmiss_3	Number of missing Roland items, 12 months	Num	
rolandmiss_4	Number of missing Roland items, 24 months	Num	
roland_1c	Roland 3-Month Change	Num	
roland_2c	Roland 6-Month Change	Num	
roland_3c	Roland 12-Month Change	Num	
roland_4c	Roland 24-Month Change	Num	
bpi_0	BPI - calculated average, baseline	Num	
bpi_1	BPI - calculated average, 3 months	Num	
bpi_2	BPI - calculated average, 6 months	Num	
bpi_3	BPI - calculated average, 12 months	Num	
bpi_4	BPI - calculated average, 24 months	Num	
eq5d_index_0	EQ5D index (0-1), baseline	Num	
eq5d_index_1	EQ5D index (0-1), 3 months	Num	
eq5d_index_2	EQ5D index (0-1), 6 months	Num	
eq5d_index_3	EQ5D index (0-1), 12 months	Num	
eq5d_index_4	EQ5D index (0-1), 24 months	Num	
eq5d_vas_0	EQ5D VAS (0-100), baseline	Num	
eq5d_vas_1	EQ5D VAS (0-100), 3 months	Num	
eq5d_vas_2	EQ5D VAS (0-100), 6 months	Num	
eq5d_vas_3	EQ5D VAS (0-100), 12 months	Num	
eq5d_vas_4	EQ5D VAS (0-100), 24 months	Num	
phq4_0	PHQ4, baseline	Num	
phq4_1	PHQ4, 3 months	Num	
phq4_2	PHQ4, 6 months	Num	
phq4_3	PHQ4, 12 months	Num	
phq4_4	PHQ4, 24 months	Num	

Duration of Pain			
field	description	type	codes
backpainduration	How long have you had this current episode of back or leg pain (sciatica)?	Num	0=< 1 month 1=1 - 3 months 2=3 - 6 months 3=6 - 12 months 4=1 - 5 years 5=> 5 years 99=Not answered

Enrollment			
field	description	type	codes
crosswalk_id	BOLD Study ID	Text	
site	Recruitment site	Num	1=Henry Ford 2=Kaiser 3=Harvard Vanguard
status0	Study participant status, baseline	Num	0='Data captured' 1='Missed follow-up' 2='Withdrawn' 3='Dead' 4='Not in window yet'
status1	Study participant status, 3 months	Num	0='Data captured' 1='Missed follow-up' 2='Withdrawn' 3='Dead' 4='Not in window yet'
status2	Study participant status, 6 months	Num	0='Data captured' 1='Missed follow-up' 2='Withdrawn' 3='Dead' 4='Not in window yet'
status3	Study participant status, 12 months	Num	0='Data captured' 1='Missed follow-up' 2='Withdrawn' 3='Dead' 4='Not in window yet'
status4	Study participant status, 24 months	Num	0='Data captured' 1='Missed follow-up' 2='Withdrawn' 3='Dead' 4='Not in window yet'
inttype1_0_	How was the first interview attempted? (baseline)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype2_0_	How was the second interview attempted? (baseline)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype3_0_	How was the third interview attempted? (baseline)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype1_1_	How was the first interview attempted? (3 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'

Enrollment			
field	description	type	codes
inttype2_1_	How was the second interview attempted? (3 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype3_1_	How was the third interview attempted? (3 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype1_2_	How was the first interview attempted? (6 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype2_0_	How was the second interview attempted? (6 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype3_0_	How was the third interview attempted? (6 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype1_3_	How was the first interview attempted? (12 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype2_3_	How was the second interview attempted? (12 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype3_3_	How was the third interview attempted? (12 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype1_4_	How was the first interview attempted? (24 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype2_4_	How was the second interview attempted? (24 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
inttype3_4_	How was the third interview attempted? (24 months)	Num	0='In person' 1='Phone' 2='Mail' 3='Web-based questionnaire'
withdrawalreason1	Withdrawal reason (1)	Text	

Enrollment			
field	description	type	codes
withdrawalreason2	Withdrawal reason (2)	Text	
withdrawalreason3	Withdrawal reason (3)	Text	
withdrawalreason4	Withdrawal reason (4)	Text	
withdrawalreasoncomments	Reason for withdrawal comments	Text	
interviewday_0	Interview day since index date, baseline interview	Num	
interviewday_1	Interview day since index visit, 3 month interview	Num	
interviewday_2	Interview day since index visit, 6 month interview	Num	
interviewday_3	Interview day since index visit, 12 month interview	Num	
interviewday_4	Interview day since index visit, 24 month interview	Num	
withdrawalday	Number of days from index date to withdrawal date	Text	
deathday	Number of days from index date to death date	Num	

Euro-QOL 5D (EQ-5D)

field	description	type	codes
eq5d1_0	<p>1. Mobility (baseline) Would you say you have???</p> <p>1. No problems in walking about? 2. Some problems in walking about? 3. You are confined to bed?</p>	Num	<p>1=I have no problems in walking about 2=I have some problems in walking about 3=I am confined to bed</p>
eq5d2_0	<p>2. Self-Care (baseline) Would you say you have???</p> <p>1. No problems with self-care? 2. Some problems washing or dressing yourself? 3. You are unable to wash or dress yourself?</p>	Num	<p>1=I have no problems with self-care 2=I have some problems washing or dressing myself 3=I am unable to wash or dress myself</p>
eq5d3_0	<p>3. Usual Activities (baseline) Next I'd like to ask you about your usual activities, for example work, study, housework, family or leisure activities. Would you say you have???</p> <p>1. No problems with performing your usual activities? 2. Some problems with performing your usual activities? 3. You are unable to perform your usual activities?</p>	Num	<p>1=I have no problems with performing my usual activities 2=I have some problems with performing my usual activities 3=I am unable to perform my usual activities</p>
eq5d4_0	<p>4. Pain/Discomfort (baseline) Would you say you have???</p> <p>1. No pain or discomfort? 2. Moderate pain or discomfort? 3. Extreme pain or discomfort?</p>	Num	<p>1=I have no pain or discomfort 2=I have moderate pain or discomfort 3=I have extreme pain or discomfort</p>
eq5d5_0	<p>5. Anxiety/Depression (baseline) Finally I'd like to ask you about anxiety or depression. Would you say you have???</p> <p>1. Not anxious or depressed? 2. Moderately anxious or depressed? 3. Extremely anxious or depressed?</p>	Num	<p>1=I am not anxious or depressed 2=I am moderately anxious or depressed 3=I am extremely anxious or depressed</p>
eq5d6_0	<p>I would now like you to tell me the point on this scale where you would put your own health state today. (baseline)</p>	Num	

Euro-QOL 5D (EQ-5D)

field	description	type	codes
eq5d1_1	<p>1. Mobility (3 month)</p> <p>Would you say you have???</p> <p>1. No problems in walking about? 2. Some problems in walking about? 3. You are confined to bed?</p>	Num	<p>1=I have no problems in walking about</p> <p>2=I have some problems in walking about</p> <p>3=I am confined to bed</p>
eq5d2_1	<p>2. Self-Care (3 month)</p> <p>Would you say you have???</p> <p>1. No problems with self-care? 2. Some problems washing or dressing yourself? 3. You are unable to wash or dress yourself?</p>	Num	<p>1=I have no problems with self-care</p> <p>2=I have some problems washing or dressing myself</p> <p>3=I am unable to wash or dress myself</p>
eq5d3_1	<p>3. Usual Activities (3 month)</p> <p>Would you say you have???</p> <p>1. No problems with performing your usual activities? 2. Some problems with performing your usual activities? 3. You are unable to perform your usual activities?</p>	Num	<p>1=I have no problems with performing my usual activities</p> <p>2=I have some problems with performing my usual activities</p> <p>3=I am unable to perform my usual activities</p>
eq5d4_1	<p>4. Pain/Discomfort (3 month)</p> <p>Would you say you have???</p> <p>1. No pain or discomfort? 2. Moderate pain or discomfort? 3. Extreme pain or discomfort?</p>	Num	<p>1=I have no pain or discomfort</p> <p>2=I have moderate pain or discomfort</p> <p>3=I have extreme pain or discomfort</p>
eq5d5_1	<p>5. Anxiety/Depression (3 month)</p> <p>Finally I'd like to ask you about anxiety or depression. Would you say you have???</p> <p>1. Not anxious or depressed? 2. Moderately anxious or depressed? 3. Extremely anxious or depressed?</p>	Num	<p>1=I am not anxious or depressed</p> <p>2=I am moderately anxious or depressed</p> <p>3=I am extremely anxious or depressed</p>

Euro-QOL 5D (EQ-5D)

field	description	type	codes
eq5d6_1	I would now like you to tell me the point on this scale where you would put your own health state today. (3 month)	Num	
eq5d1_2	1. Mobility (6 month) Would you say you have??? 1. No problems in walking about? 2. Some problems in walking about? 3. You are confined to bed?	Num	1=I have no problems in walking about 2=I have some problems in walking about 3=I am confined to bed
eq5d2_2	2. Self-Care (6 month) Would you say you have??? 1. No problems with self-care? 2. Some problems washing or dressing yourself? 3. You are unable to wash or dress yourself?	Num	1=I have no problems with self-care 2=I have some problems washing or dressing myself 3=I am unable to wash or dress myself
eq5d3_2	3. Usual Activities (6 month) Would you say you have??? 1. No problems with performing your usual activities? 2. Some problems with performing your usual activities? 3. You are unable to perform your usual activities?	Num	1=I have no problems with performing my usual activities 2=I have some problems with performing my usual activities 3=I am unable to perform my usual activities
eq5d4_2	4. Pain/Discomfort (6 month) Would you say you have??? 1. No pain or discomfort? 2. Moderate pain or discomfort? 3. Extreme pain or discomfort?	Num	1=I have no pain or discomfort 2=I have moderate pain or discomfort 3=I have extreme pain or discomfort

Euro-QOL 5D (EQ-5D)

field	description	type	codes
eq5d5_2	<p>5. Anxiety/Depression (6 month)</p> <p>Finally I'd like to ask you about anxiety or depression. Would you say you have??? 1. Not anxious or depressed? 2. Moderately anxious or depressed? 3. Extremely anxious or depressed?</p>	Num	<p>1=I am not anxious or depressed 2=I am moderately anxious or depressed 3=I am extremely anxious or depressed</p>
eq5d6_2	<p>I would now like you to tell me the point on this scale where you would put your own health state today. (6 month)</p>	Num	
eq5d1_3	<p>1. Mobility (12 month)</p> <p>Would you say you have???</p> <p>1. No problems in walking about? 2. Some problems in walking about? 3. You are confined to bed?</p>	Num	<p>1=I have no problems in walking about 2=I have some problems in walking about 3=I am confined to bed</p>
eq5d2_3	<p>2. Self-Care (12 month)</p> <p>Would you say you have???</p> <p>1. No problems with self-care? 2. Some problems washing or dressing yourself? 3. You are unable to wash or dress yourself?</p>	Num	<p>1=I have no problems with self-care 2=I have some problems washing or dressing myself 3=I am unable to wash or dress myself</p>
eq5d3_3	<p>3. Usual Activities (12 month)</p> <p>Would you say you have???</p> <p>1. No problems with performing your usual activities? 2. Some problems with performing your usual activities? 3. You are unable to perform your usual activities?</p>	Num	<p>1=I have no problems with performing my usual activities 2=I have some problems with performing my usual activities 3=I am unable to perform my usual activities</p>

Euro-QOL 5D (EQ-5D)

field	description	type	codes
eq5d4_3	<p>4. Pain/Discomfort (12 month)</p> <p>Would you say you have???1. No pain or discomfort? 2. Moderate pain or discomfort? 3. Extreme pain or discomfort?</p>	Num	<p>1=I have no pain or discomfort 2=I have moderate pain or discomfort 3=I have extreme pain or discomfort</p>
eq5d5_3	<p>5. Anxiety/Depression (12 month)</p> <p>Finally I'd like to ask you about anxiety or depression. Would you say you have???1. Not anxious or depressed? 2. Moderately anxious or depressed? 3. Extremely anxious or depressed?</p>	Num	<p>1=I am not anxious or depressed 2=I am moderately anxious or depressed 3=I am extremely anxious or depressed</p>
eq5d6_3	<p>I would now like you to tell me the point on this scale where you would put your own health state today. (12 month)</p>	Num	
eq5d1_4	<p>1. Mobility (24 month)</p> <p>Would you say you have???</p> <p>1. No problems in walking about? 2. Some problems in walking about? 3. You are confined to bed?</p>	Num	<p>1=I have no problems in walking about 2=I have some problems in walking about 3=I am confined to bed</p>
eq5d2_4	<p>2. Self-Care (24 month)</p> <p>Would you say you have???</p> <p>1. No problems with self-care? 2. Some problems washing or dressing yourself? 3. You are unable to wash or dress yourself?</p>	Num	<p>1=I have no problems with self-care 2=I have some problems washing or dressing myself 3=I am unable to wash or dress myself</p>

Euro-QOL 5D (EQ-5D)

field	description	type	codes
eq5d3_4	<p>3. Usual Activities (24 month)</p> <p>Would you say you have???</p> <p>1. No problems with performing your usual activities? 2. Some problems with performing your usual activities? 3. You are unable to perform your usual activities?</p>	Num	<p>1=I have no problems with performing my usual activities</p> <p>2=I have some problems with performing my usual activities</p> <p>3=I am unable to perform my usual activities</p>
eq5d4_4	<p>4. Pain/Discomfort (24 month)</p> <p>Would you say you have???</p> <p>1. No pain or discomfort? 2. Moderate pain or discomfort? 3. Extreme pain or discomfort?</p>	Num	<p>1=I have no pain or discomfort</p> <p>2=I have moderate pain or discomfort</p> <p>3=I have extreme pain or discomfort</p>
eq5d5_4	<p>5. Anxiety/Depression (24 month)</p> <p>Finally I'd like to ask you about anxiety or depression. Would you say you have???</p> <p>1. Not anxious or depressed? 2. Moderately anxious or depressed? 3. Extremely anxious or depressed?</p>	Num	<p>1=I am not anxious or depressed</p> <p>2=I am moderately anxious or depressed</p> <p>3=I am extremely anxious or depressed</p>
eq5d6_4	<p>I would now like you to tell me the point on this scale where you would put your own health state today. (24 month)</p>	Num	

Falls		
field	description	type
falls1_0	In the past 3 weeks how many times have you fallen?	Num
falls2_0	How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular	Num
falls1_1	In the past 3 weeks how many times have you fallen?	Num
falls2_1	How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular	Num
falls1_2	In the past 3 weeks how many times have you fallen?	Num
falls2_2	How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular	Num
falls1_3	In the past 3 weeks how many times have you fallen?	Num
falls2_3	How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular	Num
falls1_4	In the past 3 weeks how many times have you fallen?	Num
falls2_4	How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular	Num

Pain Expectations

field	description	type	codes
painexpect3mo	How confident are you that your back and/or leg pain will be completely gone or much better 3 months from now?	Num	0=Not at all confident 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Extremely confident

Pain Numeric Rating Scale (NRS)

field	description	type	codes
painnrs_back_0	During the PAST WEEK, on AVERAGE, how intense was your back pain? (baseline)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_leg_0	During the PAST WEEK, on AVERAGE, how intense was your leg pain? (baseline)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_back_1	During the PAST WEEK, on AVERAGE, how intense was your back pain? (3 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_leg_1	During the PAST WEEK, on AVERAGE, how intense was your leg pain? (3 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_back_2	During the PAST WEEK, on AVERAGE, how intense was your back pain? (6 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_leg_2	During the PAST WEEK, on AVERAGE, how intense was your leg pain? (6 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_back_3	During the PAST WEEK, on AVERAGE, how intense was your back pain? (12 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_leg_3	During the PAST WEEK, on AVERAGE, how intense was your leg pain? (12 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_back_4	During the PAST WEEK, on AVERAGE, how intense was your back pain? (24 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_leg_4	During the PAST WEEK, on AVERAGE, how intense was your leg pain? (24 month)	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine

Patient Health Questionnaire (PHQ4)

field	description	type	codes
phq4_1_0	Feeling nervous, anxious, or on edge. (baseline)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_2_0	Not being able to stop control worrying. (baseline)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_4_0	Feeling down, depressed, or hopeless. (baseline)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_3_0	Little interest or pleasure in doing things. (baseline)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_1_1	Feeling nervous, anxious, or on edge. (3 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_2_1	Not being able to stop control worrying. (3 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_4_1	Feeling down, depressed, or hopeless. (3 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_3_1	Little interest or pleasure in doing things. (3 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_1_2	Feeling nervous, anxious, or on edge. (6 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_2_2	Not being able to stop control worrying. (6 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_4_2	Feeling down, depressed, or hopeless. (6 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday

Patient Health Questionnaire (PHQ4)

field	description	type	codes
phq4_3_2	Little interest or pleasure in doing things. (6 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_1_3	Feeling nervous, anxious, or on edge. (12 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_2_3	Not being able to stop control worrying. (12 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_4_3	Feeling down, depressed, or hopeless. (12 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_3_3	Little interest or pleasure in doing things. (12 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_1_4	Feeling nervous, anxious, or on edge. (24 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_2_4	Not being able to stop control worrying. (24 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_3_4	Feeling down, depressed, or hopeless. (24 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday
phq4_4_4	Little interest or pleasure in doing things. (24 month)	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland1_0	1. I stay at home most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland2_0	2. I change position frequently to try and get my back or legs comfortable.	Num	1=Yes 0=No
roland3_0	3. I walk more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland4_0	4. Because of my back problem or leg pain (sciatica), I am not doing any of the jobs that I usually do around the house.	Num	1=Yes 0=No
roland5_0	5. Because of my back problem or leg pain (sciatica), I use a handrail to get upstairs.	Num	1=Yes 0=No
roland6_0	6. Because of my back problem or leg pain (sciatica), I lie down to rest more often.	Num	1=Yes 0=No
roland7_0	7. Because of my back problem or leg pain (sciatica), I have to hold onto something to get out of an easy chair.	Num	1=Yes 0=No
roland8_0	8. Because of my back problem or leg pain (sciatica), I try to get other people to do things for me.	Num	1=Yes 0=No
roland9_0	9. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland10_0	10. I only stand for short periods of time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland11_0	11. Because of my back problem or leg pain (sciatica), I try not to bend or kneel down.	Num	1=Yes 0=No
roland12_0	12. I find it difficult to get out of a chair because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland13_0	13. My back or leg is painful almost all of the time.	Num	1=Yes 0=No
roland14_0	14. I find it difficult to turn over in bed because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland15_0	15. My appetite is not very good because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland16_0	16. I have trouble putting on my socks (or stockings) because of the pain in my back or legs.	Num	1=Yes 0=No
roland17_0	17. I only walk short distances because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland18_0	18. I sleep less well because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland19_0	19. Because of my back problem or leg pain (sciatica), I get dressed with help from someone else.	Num	1=Yes 0=No
roland20_0	20. I sit down for most of the day because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland21_0	21. I avoid heavy jobs around the house because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland22_0	22. Because of my back problem or leg pain (sciatica), I am more irritable and bad tempered with people than usual.	Num	1=Yes 0=No

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland23_0	23. Because of my back problem or leg pain (sciatica), I go upstairs more slowly than usual.	Num	1=Yes 0=No
roland24_0	24. I stay in bed most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland1_1	1. I stay at home most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland2_1	2. I change position frequently to try and get my back or legs comfortable.	Num	1=Yes 0=No
roland3_1	3. I walk more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland4_1	4. Because of my back problem or leg pain (sciatica), I am not doing any of the jobs that I usually do around the house.	Num	1=Yes 0=No
roland5_1	5. Because of my back problem or leg pain (sciatica), I use a handrail to get upstairs.	Num	1=Yes 0=No
roland6_1	6. Because of my back problem or leg pain (sciatica), I lie down to rest more often.	Num	1=Yes 0=No
roland7_1	7. Because of my back problem or leg pain (sciatica), I have to hold onto something to get out of an easy chair.	Num	1=Yes 0=No
roland8_1	8. Because of my back problem or leg pain (sciatica), I try to get other people to do things for me.	Num	1=Yes 0=No
roland9_1	9. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland10_1	10. I only stand for short periods of time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland11_1	11. Because of my back problem or leg pain (sciatica), I try not to bend or kneel down.	Num	1=Yes 0=No
roland12_1	12. I find it difficult to get out of a chair because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland13_1	13. My back or leg is painful almost all of the time.	Num	1=Yes 0=No
roland14_1	14. I find it difficult to turn over in bed because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland15_1	15. My appetite is not very good because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland16_1	16. I have trouble putting on my socks (or stockings) because of the pain in my back or legs.	Num	1=Yes 0=No
roland17_1	17. I only walk short distances because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland18_1	18. I sleep less well because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland19_1	19. Because of my back problem or leg pain (sciatica), I get dressed with help from someone else.	Num	1=Yes 0=No
roland20_1	20. I sit down for most of the day because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland21_1	21. I avoid heavy jobs around the house because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland22_1	22. Because of my back problem or leg pain (sciatica), I am more irritable and bad tempered with people than usual.	Num	1=Yes 0=No
roland23_1	23. Because of my back problem or leg pain (sciatica), I go upstairs more slowly than usual.	Num	1=Yes 0=No
roland24_1	24. I stay in bed most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland1_2	1. I stay at home most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland2_2	2. I change position frequently to try and get my back or legs comfortable.	Num	1=Yes 0=No
roland3_2	3. I walk more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland4_2	4. Because of my back problem or leg pain (sciatica), I am not doing any of the jobs that I usually do around the house.	Num	1=Yes 0=No
roland5_2	5. Because of my back problem or leg pain (sciatica), I use a handrail to get upstairs.	Num	1=Yes 0=No
roland6_2	6. Because of my back problem or leg pain (sciatica), I lie down to rest more often.	Num	1=Yes 0=No
roland7_2	7. Because of my back problem or leg pain (sciatica), I have to hold onto something to get out of an easy chair.	Num	1=Yes 0=No
roland8_2	8. Because of my back problem or leg pain (sciatica), I try to get other people to do things for me.	Num	1=Yes 0=No
roland9_2	9. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland10_2	10. I only stand for short periods of time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland11_2	11. Because of my back problem or leg pain (sciatica), I try not to bend or kneel down.	Num	1=Yes 0=No
roland12_2	12. I find it difficult to get out of a chair because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland13_2	13. My back or leg is painful almost all of the time.	Num	1=Yes 0=No
roland14_2	14. I find it difficult to turn over in bed because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland15_2	15. My appetite is not very good because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland16_2	16. I have trouble putting on my socks (or stockings) because of the pain in my back or legs.	Num	1=Yes 0=No
roland17_2	17. I only walk short distances because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland18_2	18. I sleep less well because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland19_2	19. Because of my back problem or leg pain (sciatica), I get dressed with help from someone else.	Num	1=Yes 0=No
roland20_2	20. I sit down for most of the day because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland21_2	21. I avoid heavy jobs around the house because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland22_2	22. Because of my back problem or leg pain (sciatica), I am more irritable and bad tempered with people than usual.	Num	1=Yes 0=No
roland23_2	23. Because of my back problem or leg pain (sciatica), I go upstairs more slowly than usual.	Num	1=Yes 0=No
roland24_2	24. I stay in bed most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland1_3	1. I stay at home most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland2_3	2. I change position frequently to try and get my back or legs comfortable.	Num	1=Yes 0=No
roland3_3	3. I walk more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland4_3	4. Because of my back problem or leg pain (sciatica), I am not doing any of the jobs that I usually do around the house.	Num	1=Yes 0=No
roland5_3	5. Because of my back problem or leg pain (sciatica), I use a handrail to get upstairs.	Num	1=Yes 0=No
roland6_3	6. Because of my back problem or leg pain (sciatica), I lie down to rest more often.	Num	1=Yes 0=No
roland7_3	7. Because of my back problem or leg pain (sciatica), I have to hold onto something to get out of an easy chair.	Num	1=Yes 0=No
roland8_3	8. Because of my back problem or leg pain (sciatica), I try to get other people to do things for me.	Num	1=Yes 0=No
roland9_3	9. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland10_3	10. I only stand for short periods of time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland11_3	11. Because of my back problem or leg pain (sciatica), I try not to bend or kneel down.	Num	1=Yes 0=No
roland12_3	12. I find it difficult to get out of a chair because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland13_3	13. My back or leg is painful almost all of the time.	Num	1=Yes 0=No
roland14_3	14. I find it difficult to turn over in bed because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland15_3	15. My appetite is not very good because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland16_3	16. I have trouble putting on my socks (or stockings) because of the pain in my back or legs.	Num	1=Yes 0=No

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland17_3	17. I only walk short distances because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland18_3	18. I sleep less well because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland19_3	19. Because of my back problem or leg pain (sciatica), I get dressed with help from someone else.	Num	1=Yes 0=No
roland20_3	20. I sit down for most of the day because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland21_3	21. I avoid heavy jobs around the house because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland22_3	22. Because of my back problem or leg pain (sciatica), I am more irritable and bad tempered with people than usual.	Num	1=Yes 0=No
roland23_3	23. Because of my back problem or leg pain (sciatica), I go upstairs more slowly than usual.	Num	1=Yes 0=No
roland24_3	24. I stay in bed most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland1_4	1. I stay at home most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland2_4	2. I change position frequently to try and get my back or legs comfortable.	Num	1=Yes 0=No
roland3_4	3. I walk more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland4_4	4. Because of my back problem or leg pain (sciatica), I am not doing any of the jobs that I usually do around the house.	Num	1=Yes 0=No
roland5_4	5. Because of my back problem or leg pain (sciatica), I use a handrail to get upstairs.	Num	1=Yes 0=No
roland6_4	6. Because of my back problem or leg pain (sciatica), I lie down to rest more often.	Num	1=Yes 0=No
roland7_4	7. Because of my back problem or leg pain (sciatica), I have to hold onto something to get out of an easy chair.	Num	1=Yes 0=No
roland8_4	8. Because of my back problem or leg pain (sciatica), I try to get other people to do things for me.	Num	1=Yes 0=No
roland9_4	9. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland10_4	10. I only stand for short periods of time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland11_4	11. Because of my back problem or leg pain (sciatica), I try not to bend or kneel down.	Num	1=Yes 0=No
roland12_4	12. I find it difficult to get out of a chair because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland13_4	13. My back or leg is painful almost all of the time.	Num	1=Yes 0=No
roland14_4	14. I find it difficult to turn over in bed because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland15_4	15. My appetite is not very good because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland16_4	16. I have trouble putting on my socks (or stockings) because of the pain in my back or legs.	Num	1=Yes 0=No
roland17_4	17. I only walk short distances because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland18_4	18. I sleep less well because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland19_4	19. Because of my back problem or leg pain (sciatica), I get dressed with help from someone else.	Num	1=Yes 0=No
roland20_4	20. I sit down for most of the day because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland21_4	21. I avoid heavy jobs around the house because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland22_4	22. Because of my back problem or leg pain (sciatica), I am more irritable and bad tempered with people than usual.	Num	1=Yes 0=No
roland23_4	23. Because of my back problem or leg pain (sciatica), I go upstairs more slowly than usual.	Num	1=Yes 0=No
roland24_4	24. I stay in bed most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No

Screening Data			
field	description	type	codes
screendays	Days between index and screening	Num	
prior_screen_bold	Has the patient been previously contacted for registry participation?	Num	0=No 1=Yes
hispanic_screen	Is the patient of Latino or Hispanic origin?	Num	0=No 1=Yes 99=Not answered
race_bold	What is the patient's race?	Char	
age_boldscreen	Age 65 or older?	Num	0=No 1=Yes
icd91_screen_bold	Primary care visit for low back pain	Char	
icd92_screen_bold	Primary care visit for low back pain	Char	
icd93_screen_bold	Primary care visit for low back pain	Char	
prior_visit	Has the patient had any prior visits for low back pain within the last 6	Num	0=No 1=Yes
spinemalig_bold	Has the patient had any visits in the last year with the following ICD9	Char	
prior_surgery_bold2	Has the patient had any prior lumbar spine surgery?	Num	0=No 1=Yes
prior_surgery_bold	Has the patient had any prior lumbar	Char	
attempt_bold	Did the study team attempt to contact this patient?	Num	0=No 1=Yes
noattempt_bold	If 'No', why did the study team not attempt?	Num	0=Greater than three weeks since index visit
reached_bold	Was the patient reached?	Num	0=No 1=Yes
notreached_bold	If 'No', why was the patient not reached?	Num	0=Inaccurate contact information (dead
screened_bold	Did the patient agree to be screened further?	Num	0=No 1=Yes
notscreened_bold	If 'No', what was the reason the	Char	
notscreenedother_bold	If 'Other', what was the reason for declined screening?	Char	
english_screen_bold	Does the patient speak and/or read English well enough to complete the	Num	0=No 1=Yes
telephone_bold	Does the patient have a working telephone number?	Num	0=No 1=Yes
backrelatedvisit_bold	Was the recent visit to the patient's provider at least partially related to	Num	0=No 1=Yes
leavingplan_bold	Is the patient planning to leave their healthcare system within the next 12 months?	Num	0=No 1=Yes
prior_screen_pat_bold	Have you been previously contacted for participation in this low back pain registry?	Num	0=No 1=Yes

Screening Data			
field	description	type	codes
tumor_pat_bold	Do you have a cancer or tumor involving the spine?	Num	0=No 1=Yes
cancerhistory_pat_bold	Do you have a history of cancer within the past 5 years (other than skin cancer that's not melanoma)?	Num	0=No 1=Yes
abscess_pat_bold	Do you have a spine abscess or infection?	Num	0=No 1=Yes
spondylitis_pat_bold	Do you have ankylosing spondylitis?	Num	0=No 1=Yes
vehicleaccident_pat_bold	Is your back pain as a result of a vehicular accident?	Num	0=No 1=Yes
prior_surgery_pat_bold	Have you had prior surgery on your lumbar spine?	Num	0=No 1=Yes
cognitive0_screen_bold	Did the patient correctly repeat all three words?	Num	0=No 1=Yes
cognitive1_screen_bold	What year is this?	Num	0=Correct 1=Incorrect
cognitive2_screen_bold	What month is this?	Num	0=Correct 1=Incorrect
cognitive3_screen_bold	What is the day of the week?	Num	0=Correct 1=Incorrect
cognitivewords_screen_bold	What were the three objects I asked you to remember?	Char	
cognitive4_screen_bold	Apple	Num	0=Correct 1=Incorrect
cognitive5_screen_bold	Table	Num	0=Correct 1=Incorrect
cognitive6_screen_bold	Penny	Num	0=Correct 1=Incorrect
cognitivetotal_screen_bold	Cognitive Score	Char	
consent_bold	Did the patient agree to participate in the study (ONLY for eligible patients)?	Num	0=No 1=Yes 2=Not applicable
consentdate_bold	Days between index and consent	Num	
noconsent_bold	If No, what was the reason the patient declined to participate?	Char	
notconsentother_bold	If 'Other', what was the reason the patient declined to participate?	Char	
screening_data_complete	Complete	Num	0=No 1=Yes

Version 8 Questions

field	description	type	codes
backpainresolution1_1	1. How long has it been since you last had back pain? (3 months)	Num	1=I do not have back pain today but have had back pain in the last week 2=More than one week but less than one month
backpainresolution2_1	2. Were there any days that you did not have back pain in	Num	0=No 1=Yes
backpainresolution3_1	3. In the past '[<i><u>Interviewer, see below</u></i>]', * if 3M or 6M Event, say '<i><u>3 months</u></i>' * if 12M Event, say '<i><u>6	Num	0=No 1=Yes
backpainresolution3_1_1	3.1 If YES, since that pain-free month, have you had back pain that lasted more than 24 hours and was greater than 2 on a 0-	Num	0=No 1=Yes
backpainresolution1_2	1. How long has it been since you last had back pain? (6 months)	Num	0=I have back pain today 1=I do not have back pain today but have had back pain in the last week 2=More than one week but less than one month
backpainresolution2_2	2. Were there any days that you did not have back pain in	Num	0=No 1=Yes
backpainresolution3_2	3. In the past '[<i><u>Interviewer, see below</u></i>]', * if 3M or 6M Event, say '<i><u>3 months</u></i>' * if 12M Event, say '<i><u>6	Num	0=No 1=Yes
backpainresolution3_1_2	3.1 If YES, since that pain-free month, have you had back pain that lasted more than 24 hours and was greater than 2 on a 0-	Num	0=No 1=Yes
backpainresolution1_3	1. How long has it been since you last had back pain? (12 months)	Num	0=I have back pain today 1=I do not have back pain today but have had back pain in the last week 2=More than one week but less than one month
backpainresolution2_3	2. Were there any days that you did not have back pain in	Num	0=No 1=Yes

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field	description	type	codes
backpainresolution3_3	3. In the past '[<i><u>Interviewer, see below</u></i>]', * if 3M or 6M Event, say '<i><u>3 months</u></i>' * if 12M Event, say '<i><u>6 months</u></i>' * if 24M Event, say '<i><u>12 months</u></i>' have you had a period of at least 30 days during which you had no back pain? (12 months)	Num	0=No 1=Yes
backpainresolution3_1_3	3.1 If YES, since that pain-free month, have you had back pain that lasted more than 24 hours and was greater than 2 on a 0-10 scale of pain intensity (0 being no pain and 10 being the worst pain imaginable)? (12 months)	Num	0=No 1=Yes
backpainresolution1_4	1. How long has it been since you last had back pain? (24 months)	Num	0=I have back pain today 1=I do not have back pain today but have had back pain in the last week 2=More than one week but less than one month 3=One month or longer
backpainresolution2_4	2. Were there any days that you did not have back pain in the last 6 weeks? (24 months)	Num	0=No 1=Yes

Version 8 Questions

field	description	type	codes
backpainresolution3_4	3. In the past '[<i><u>Interviewer, see below</u></i>]', * if 3M or 6M Event, say '<i><u>3 months</u></i> ' * if 12M Event, say '<i><u>6 months</u></i> ' * if 24M Event, say '<i><u>12 months</u></i> have you had a period of at least 30 days during which you had no back pain? (24 months)	Num	0=No 1=Yes
backpainresolution3_1_4	3.1 If YES, since that pain-free month, have you had back pain that lasted more than 24 hours and was greater than 2 on a 0-10 scale of pain intensity (0 being no pain and 10 being the worst pain imaginable)? (24 months)	Num	0=No 1=Yes
physsymp1_0	1. Stomach pain (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp2_0	2. Back pain (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp3_0	3. Pain in your arms, legs, or joints (e.g., knees, hips, shoulders) (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp4_0	4. Headaches (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp5_0	5. Neck pain (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp6_0	6. Head pain other than headaches (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp7_0	7. Pelvic pain or groin pain (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot

Version 8 Questions

field	description	type	codes
physsymp8_0	8. Widespread pain, pain in most of your body, or fibromyalgia (Baseline)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp1_1	1. Stomach pain (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp2_1	2. Back pain (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp3_1	3. Pain in your arms, legs, or joints (e.g., knees, hips, shoulders) (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp4_1	4. Headaches (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp5_1	5. Neck pain (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp6_1	6. Head pain other than headaches (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp7_1	7. Pelvic pain or groin pain (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp8_1	8. Widespread pain, pain in most of your body, or fibromyalgia (3 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp1_2	1. Stomach pain (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp2_2	2. Back pain (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp3_2	3. Pain in your arms, legs, or joints (e.g., knees, hips, shoulders) (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp4_2	4. Headaches (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp5_2	5. Neck pain (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp6_2	6. Head pain other than headaches (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot

Version 8 Questions

field	description	type	codes
physsymp7_2	7. Pelvic pain or groin pain (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp8_2	8. Widespread pain, pain in most of your body, or fibromyalgia (6 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp1_3	1. Stomach pain (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp2_3	2. Back pain (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp3_3	3. Pain in your arms, legs, or joints (e.g., knees, hips, shoulders) (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp4_3	4. Headaches (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp5_3	5. Neck pain (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp6_3	6. Head pain other than headaches (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp7_3	7. Pelvic pain or groin pain (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp8_3	8. Widespread pain, pain in most of your body, or fibromyalgia (12 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp1_4	1. Stomach pain (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp2_4	2. Back pain (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp3_4	3. Pain in your arms, legs, or joints (e.g., knees, hips, shoulders) (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp4_4	4. Headaches (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp5_4	5. Neck pain (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot

Version 8 Questions			
field	description	type	codes
physsymp6_4	6. Head pain other than headaches (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp7_4	7. Pelvic pain or groin pain (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
physsymp8_4	8. Widespread pain, pain in most of your body, or fibromyalgia (24 months)	Num	1=Not bothered at all 2=Bothered a little 3, Bothered a lot
startback1_0	1. My back pain has spread down my leg(s) at some time in the past two weeks. (Baseline)	Num	0=Disagree 1=Agree
startback2_0	2. It is really not safe for a person with a back or leg condition like mine to be physically active. (Baseline)	Num	0=Disagree 1=Agree
startback3_0	3. I feel that my back or leg pain is terrible and it is not going to get any better. (Baseline)	Num	0=Disagree 1=Agree
startback1_1	1. My back pain has spread down my leg(s) at some time in the past two weeks. (3 months)	Num	0=Disagree 1=Agree
startback2_1	2. It is really not safe for a person with a back or leg condition like mine to be physically active. (3 months)	Num	0=Disagree 1=Agree
startback3_1	3. I feel that my back or leg pain is terrible and it is not going to get any better. (3 months)	Num	0=Disagree 1=Agree
startback1_2	1. My back pain has spread down my leg(s) at some time in the past two weeks. (6 months)	Num	0=Disagree 1=Agree
startback2_2	2. It is really not safe for a person with a back or leg condition like mine to be physically active. (6 months)	Num	0=Disagree 1=Agree

Version 8 Questions

field	description	type	codes
startback3_2	3. I feel that my back or leg pain is terrible and it is not going to get any better. (6 months)	Num	0=Disagree 1=Agree
startback1_3	1. My back pain has spread down my leg(s) at some time in the past two weeks. (12 months)	Num	0=Disagree 1=Agree
startback2_3	2. It is really not safe for a person with a back or leg condition like mine to be physically active. (12 months)	Num	0=Disagree 1=Agree
startback3_3	3. I feel that my back or leg pain is terrible and it is not going to get any better. (12 months)	Num	0=Disagree 1=Agree
startback1_4	1. My back pain has spread down my leg(s) at some time in the past two weeks. (24 months)	Num	0=Disagree 1=Agree
startback2_4	2. It is really not safe for a person with a back or leg condition like mine to be physically active. (24 months)	Num	0=Disagree 1=Agree
startback3_4	3. I feel that my back or leg pain is terrible and it is not going to get any better. (24 months)	Num	0=Disagree 1=Agree
vastatus1_3	1. Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard? <i>Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War</i>. (12 months)	Num	4=Yes, now on active duty 3=Yes, on active duty during the last 12 months, but not now 2=Yes, on active duty in the past, but not during the last 12 months 1=No, training for Reserves or National Guard only 0=No, never served in the military

Version 8 Questions

field	description	type	codes
startbackmod1_0	1. I believe that my condition is going to get better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod2_0	2. I am confident I can cope with my condition. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod3_0	3. It is really not safe for a person with a condition like mine to work. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod4_0	4. It is really not safe for a person with a condition like mine to be physically active. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod5_0	5. Worrying thoughts have been going through my mind a lot of the time in the last few days. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod6_0	6. I feel that my condition is terrible and that it is never going to get any better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod7_0	7. In general, in last few days, I have not enjoyed all the things I used to enjoy. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (Baseline)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod1_1	1. I believe that my condition is going to get better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod2_1	2. I am confident I can cope with my condition. (Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree') (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod3_1	3. It is really not safe for a person with a condition like mine to work. (Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree') (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod4_1	4. It is really not safe for a person with a condition like mine to be physically active. (Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree') (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod5_1	5. Worrying thoughts have been going through my mind a lot of the time in the last few days. (Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree') (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod6_1	6. I feel that my condition is terrible and that it is never going to get any better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod7_1	7. In general, in last few days, I have not enjoyed all the things I used to enjoy. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (3 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod1_2	1. I believe that my condition is going to get better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod2_2	2. I am confident I can cope with my condition. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod3_2	3. It is really not safe for a person with a condition like mine to work. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod4_2	4. It is really not safe for a person with a condition like mine to be physically active. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod5_2	5. Worrying thoughts have been going through my mind a lot of the time in the last few days. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod6_2	6. I feel that my condition is terrible and that it is never going to get any better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod7_2	7. In general, in last few days, I have not enjoyed all the things I used to enjoy. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (6 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod1_3	1. I believe that my condition is going to get better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod2_3	2. I am confident I can cope with my condition. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod3_3	3. It is really not safe for a person with a condition like mine to work. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod4_3	4. It is really not safe for a person with a condition like mine to be physically active. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod5_3	5. Worrying thoughts have been going through my mind a lot of the time in the last few days. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod6_3	6. I feel that my condition is terrible and that it is never going to get any better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod7_3	7. In general, in last few days, I have not enjoyed all the things I used to enjoy. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (12 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod1_4	1. I believe that my condition is going to get better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod2_4	2. I am confident I can cope with my condition. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod3_4	3. It is really not safe for a person with a condition like mine to work. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod4_4	4. It is really not safe for a person with a condition like mine to be physically active. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree

Version 8 Questions

field	description	type	codes
startbackmod5_4	5. Worrying thoughts have been going through my mind a lot of the time in the last few days. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod6_4	6. I feel that my condition is terrible and that it is never going to get any better. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startbackmod7_4	7. In general, in last few days, I have not enjoyed all the things I used to enjoy. <i>(Scales from 0='Completely Disagree' to 5='Neither Agree or Disagree' to 10='Strongly Agree')</i> (24 months)	Num	0=Completely disagree 1 2 3 4 5=Neither agree nor disagree 6 7 8 9 10=Strongly agree
startback9_0	1. Overall, how bothersome has your condition been in the last few days? (Baseline)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
symprestoflife_0	2. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it? (Baseline)	Num	4=Very satisfied 3=Somewhat satisfied 2=Neither satisfied nor dissatisfied 1=Somewhat dissatisfied 0=Very dissatisfied

Version 8 Questions

field	description	type	codes
last7qol_0	3. Please reflect on the last week. How would you rate your quality of life? (Baseline)	Num	4=Very good 3=Good 2= Fair 1= Poor 0= Very poor
interfereusualact_0	4. How much does your condition interfere with your usual activities, including work? (Baseline)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
worryhealth_0	5. I worry about my health. (Baseline)	Num	0= Not at all 1= Slightly 2= Moderately 3= Very much 4= Almost all of the time
startback9_1	1. Overall, how bothersome has your condition been in the last few days? (3 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
symprestoflife_1	2. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it? (3 months)	Num	4=Very satisfied 3=Somewhat satisfied 2=Neither satisfied nor dissatisfied 1=Somewhat dissatisfied 0=Very dissatisfied
last7qol_1	3. Please reflect on the last week. How would you rate your quality of life? (3 months)	Num	4=Very good 3=Good 2= Fair 1= Poor 0= Very poor
interfereusualact_1	4. How much does your condition interfere with your usual activities, including work? (3 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
worryhealth_1	5. I worry about my health. (3 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
startback9_2	1. Overall, how bothersome has your condition been in the last few days? (6 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely

Version 8 Questions

field	description	type	codes
symprestoflife_2	2. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it? (6 months)	Num	4=Very satisfied 3=Somewhat satisfied 2=Neither satisfied nor dissatisfied 1=Somewhat dissatisfied 0=Very dissatisfied
last7qol_2	3. Please reflect on the last week. How would you rate your quality of life? (6 months)	Num	4=Very good 3=Good 2= Fair 1= Poor 0= Very poor
interfereusualact_2	4. How much does your condition interfere with your usual activities, including work? (6 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
worryhealth_2	5. I worry about my health. (6 months)	Num	0= Not at all 1= Slightly 2= Moderately 3= Very much 4= Almost all of the time
startback9_3	1. Overall, how bothersome has your condition been in the last few days? (12 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
symprestoflife_3	2. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it? (12 months)	Num	4=Very satisfied 3=Somewhat satisfied 2=Neither satisfied nor dissatisfied 1=Somewhat dissatisfied 0=Very dissatisfied
last7qol_3	3. Please reflect on the last week. How would you rate your quality of life? (12 months)	Num	4=Very good 3=Good 2= Fair 1= Poor 0= Very poor
interfereusualact_3	4. How much does your condition interfere with your usual activities, including work? (12 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
worryhealth_3	5. I worry about my health. (12 months)	Num	0= Not at all 1= Slightly 2= Moderately 3= Very much 4= Almost all of the time

Version 8 Questions

field	description	type	codes
startback9_4	1. Overall, how bothersome has your condition been in the last few days? (24 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
symprestoflife_4	2. If you had to spend the rest of your life with the symptoms you have right now, how would you feel about it? (24 months)	Num	4=Very satisfied 3=Somewhat satisfied 2=Neither satisfied nor dissatisfied 1=Somewhat dissatisfied 0=Very dissatisfied
last7qol_4	3. Please reflect on the last week. How would you rate your quality of life? (24 months)	Num	4=Very good 3=Good 2= Fair 1= Poor 0= Very poor
interfereusualact_4	4. How much does your condition interfere with your usual activities, including work? (24 months)	Num	0=Not at all 1=Slightly 2=Moderately 3=Very much 4=Extremely
worryhealth_4	5. I worry about my health. (24 months)	Num	0= Not at all 1= Slightly 2= Moderately 3= Very much 4= Almost all of the time