

## LESS Patient-Reported Outcomes Data Dictionary

### **Brief Pain Inventory**

Brief Pain Inventory Interference Questions

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Comorbidity**

Charlson Comorbidity Questions

Collected from EMR review at select sites (Brigham and Women's, Mayo Clinic, Stanford, UC Denver, VA Dallas, VSRI)

### **Demographics**

Demographic data on the LESS population

Collected at baseline only

### **Derived Variables**

Compiled variables

### **Diabetics Only**

Questions pertaining only to patients with diabetes

Collected at days 3, 7, and 14 and week 5 phone calls

### **Diary Reminder**

Questions pertaining to patient diaries

Collected at days 3, 7, and 14 and week 5 phone calls

### **EQ-5D**

Euro-Qol 5 dimensions questionnaire patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Falls**

BRFSS falls patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Fear Avoidance**

Fear avoidance patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Generalized Anxiety Disorder**

Generalized Anxiety Disorder 7 patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Interview Information**

Variables pertaining to patient interviews

### **LESSER Variables**

Questions pertaining to the LESSER randomized control trial

Collected at 18 and 24 months

### **Medical Events**

Questions pertaining to adverse events

Collected at days 3, 7, and 14 and week 5 phone calls

### **Medication Diaries**

Questions pertaining to prescription and over-the-counter medications taken for back pain

Collected for 21 days after LESS injections

### **Pain catastrophizing**

Pain catastrophizing scale patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

## LESS Patient-Reported Outcomes Data Dictionary

### **Pain Numeric Rating Scale (NRS)**

Pain Numeric Rating Scale patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Patient Expectations**

Patient expectations for how well the injection will work

Collected at baseline only

### **Patient Health Questionnaire (PHQ8)**

Patient Health Questionnaire patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Procedure Form**

Patient vital sign information

Collected on days of injections only

### **Roland-Morris Disability Questionnaire (RDQ)**

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

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Scheduling**

Variables related to scheduling patient visits and phone calls

### **Study Completion Form**

Variables collected upon completion of the study

### **SSSQ**

Swiss Spinal Stenosis Questionnaire patient-reported outcomes

Collected at baseline, weeks 3 and 6, and months 3, 6, 12, 18, and 24

### **Symptom Onset**

How long patient had had current episode of pain

Collected at baseline only

### **Time and Site**

Time at which data were collected and study site

### **Treatment Perception**

Guesses of the patient, provider, and interviewers as to whether the patient received ESI or lidocaine

Collected on days of injections only

Brief Pain Inventory			
field	description	type	codes
bpi_general	1. General activity	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_mood	2. Mood	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_walk	3. Walking ability	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_work	4. Normal work (includes both work outside the home and housework)	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_relate	5. Relations with other people	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_sleep	6. Sleep	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes
bpi_enjoy	7. Enjoyment of life	Num	0=Does not interfere 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Completely interferes

Comorbidity			
field	description	type	codes
charlson_date	Date of Completion	date_ymd	
charlson_init	Research Staff Initials (fml)	Num	1=Yes 0=No
charlson_1	<u>Myocardial infarct</u> [Hx of medically documented myocardial infarction]	Num	1=Yes 0=No
charlson_2	<u>Congestive heart failure</u> [Symptomatic CHF w/ response to specific treatment]	Num	1=Yes 0=No
charlson_3	<u>Peripheral vascular disease</u> [Intermittent claudication, periph. arterial bypass for insufficiency, gangrene, acute arterial insufficiency, untreated aneurysm (>=6cm)]	Num	1=Yes 0=No
charlson_4	<u>Cerebrovascular disease (except hemiplegia)</u> [Hx of TIA, or CVA with no or minor sequelae]	Num	1=Yes 0=No
charlson_5	<u>Dementia</u> [Chronic cognitive deficit]	Num	1=Yes 0=No
charlson_6	<u>Chronic pulmonary disease</u> [Symptomatic dyspnea due to chronic respiratory conditions (including asthma)]	Num	1=Yes 0=No
charlson_7	<u>Connective tissue disease</u> [SLE, polymyositis, mixed CTD, polymyalgia, rheumatica, moderate to severe RA]	Num	1=Yes 0=No
charlson_8	<u>Ulcer disease</u> [Patients who have required treatment for PUD]	Num	1=Yes 0=No
charlson_9	<u>Mild liver disease</u> [Cirrhosis without PHT, chronic hepatitis]	Num	1=Yes 0=No
charlson_10	<u>Diabetes</u> (without complications) [Diabetes with medication]	Num	1=Yes 0=No
charlson_11	<u>Diabetes with end organ damage</u> [Retinopathy, neuropathy, nephropathy]	Num	1=Yes 0=No
charlson_12	<u>Hemiplegia (or paraplegia)</u> [Hemiplegia or paraplegia]	Num	1=Yes 0=No

Comorbidity			
field	description	type	codes
charlson_13	<u>Moderate or severe renal disease</u> [Creatinine >3mg% (265 umol/l), dialysis, transplantation, uremic syndrome]	Num	1=Yes 0=No
charlson_14	<u>2nd Solid tumor (non metastatic)</u> [Initially treated in the last 5 years (but still present within the year prior to study enrollment) - Exclude non-melanomatous skin cancers and in situ cervical carcinoma]	Num	1=Yes 0=No
charlson_15	<u>Lukemia</u> [CML, CLL, AML, ALL, PV]	Num	1=Yes 0=No
charlson_16	<u>Lymphoma, MM</u> [NHL, Hodgkin's, Waldenström, multiple myeloma]	Num	1=Yes 0=No
charlson_17	<u>Moderate or severe liver disease</u> [Cirrhosis with PHT +/- variceal bleeding]	Num	1=Yes 0=No
charlson_18	<u>2nd Metastatic solid tumor</u> [Self-explaining]	Num	1=Yes 0=No
charlson_19	<u>AIDS</u> [AIDS and AIDS-related complex. Suggested: as defined in latest definition]	Num	1=Yes 0=No

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 6=Multiple raced checked 99=Missing
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 99=Missing
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 99=Missing
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 99=Missing
employmentother	7.1. If 'Other', please specify:	Text	

**Demographics**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
lawyer	8. Is a lawyer helping you with a claim or lawsuit related to your current pain or other health symptoms?	Num	1=Yes 0=No 99=Missing
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 ago 99=Missing

Derived Outcome Variables			
field	description	type	codes
Withdraw_Date	Date of withdrawal	date_ymd	
txtassign0	Treatment assignment - baseline	Num	0=Lidocaine only 1=Steroid
txtassign3	Treatment assignment at 3 weeks (should be same as baseline, or not given)	Num	0=Lidocaine only 1=Steroid NA=Not given
txtassign6	Treatment assignment - 6 weeks (could be same as baseline or crossover to other treatment or not given)	Num	0=Lidocaine only 1=Steroid NA=Not given
txtassign9	Treatment assignment - 9 weeks (could be same as baseline or crossover to other treatment or not given)	Num	0=Lidocaine only 1=Steroid NA=Not given
approach	Injection approach	Num	0=Intralaminar 1=Transforaminal
roland	Roland score (0-24)	Num	
painnrs_back	Back pain Numeric Rating Score (NRS) (0-10)	Num	
painnrs_leg	Leg pain Numeric Rating Score (NRS) (0-10)	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	



**Diabetics Only**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
diabetic_insulin	Does the patient take insulin for diabetes?	Num	1=Yes 0=No
diabetic_numcheck	How many times per day have you been checking your blood glucose level?	Num	
diabetic_high	What is the highest blood sugar you have recorded during the past three days?	Num	
diabetic_message	<p>If a patient reports these levels ... Please say:</p> <ol style="list-style-type: none"><li>1. Any glucose value &gt; 300 ... "Please notify your primary care physician to discuss optimizing your blood glucose levels.</li><li>2. Any glucose value &gt; 450 and patient is asymptomatic ... "Please notify your primary care physician to seek same day/urgent evaluation, or an urgent care or emergency department facility."</li><li>3. Any glucose value &gt; 450 and patient has new symptoms ... "Please notify your primary care physician and go to your emergency department for evaluation and management."</li></ol>	Text	

Diary Reminder			
field	description	type	codes
diaryinstructions1_d0	1. Was the patient given instructions on how to complete the Weeks 1-3 Study Diary and told to contact the clinic if they have any questions about diary completion?	Num	1=Yes 0=No
diaryinstructions1_d3	5.1. Have you been completing the Weeks 1-3 Study Diary that was given to you at your baseline visit, when you had your first study injection?	Num	1=Yes 0=No
diaryinstructions2_d3	5.2. Do you have any questions about completing the study diary?	Num	1=Yes 0=No
diaryinstructions1_d7	5.1. Have you been completing the Weeks 1-3 Study Diary that was given to you at your baseline visit, when you had your first study injection?	Num	1=Yes 0=No
diaryinstructions2_d7	5.2. Do you have any questions about completing the study diary?	Num	1=Yes 0=No
diaryinstructions1_w2	6.1. Have you been completing the Weeks 1-3 Study Diary that was given to you at your baseline visit, when you had your first study injection?	Num	1=Yes 0=No
diaryinstructions2_w2	6.2. Do you have any questions about completing the study diary?	Num	1=Yes 0=No
diaryinstructions1_w3	1. Did the patient return Study Diary for Weeks 1-3 at his/her visit?	Num	1=Yes 0=No
diaryinstructions2_w3	2. Was the patient given instructions on how to complete the Weeks 4-6 Study Diary and told to contact the clinic if they have any questions about diary completion?	Num	1=Yes 0=No
diaryinstructions1_w5	6.1. Have you been completing the Weeks 4-6 Study Diary that was given to you at your last (Week 3) visit?	Num	1=Yes 0=No
diaryinstructions2_w5	6.2. Do you have any questions about completing the study diary?	Num	1=Yes 0=No
diaryinstructions1_w6	1. Did the patient return Study Diary for Weeks 4-6 at his/her visit? IF YES, please review the diary for completion. IF NO, but they have their completed diary at home, give (or mail) the patient a clinic-addressed stamped envelope and instruct the patient to mail back their completed Weeks 4-6 diary.	Num	1=Yes 0=No

**Euro-QOL 5D (EQ-5D)**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
eq5d1	<p>1. Mobility 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	<p>2. Self-Care 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	<p>3. Usual Activities 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	<p>4. Pain/Discomfort 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	<p>5. Anxiety/Depression 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	<p>I would now like you to tell me the point on this scale where you would put your own health state today.</p>	Num	

<b>Falls</b>		
<b>field</b>	<b>description</b>	<b>type</b>
falls1	In the past 3 weeks how many times have you fallen?	Num
falls2	How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	Num

**Fear Avoidance Questionnaire**

<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
fabq_1	1. My pain was caused by physical activity	Num	0=Completely Disagree 1 2 3=Unsure 4 5 6=Completely Agree 99=not answered
fabq_2	2. Physical activity makes my pain worse	Num	0=Completely Disagree 1 2 3=Unsure 4 5 6=Completely Agree 99=not answered
fabq_3	3. Physical activity might harm my back	Num	0=Completely Disagree 1 2 3=Unsure 4 5 6=Completely Agree 99=not answered
fabq_4	4. I should not do physical activities which (might) make my pain worse	Num	0=Completely Disagree 1 2 3=Unsure 4 5 6=Completely Agree 99=not answered
fabq_5	5. I cannot do physical activities which (might) make my pain worse	Num	0=Completely Disagree 1 2 3=Unsure 4 5 6=Completely Agree 99=not answered

**Generalized Anxiety Disorder 7**

<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
gad7q1	1. Feeling nervous, anxious or on edge	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered
gad7q2	2. Not being able to stop or control worrying	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered
gad7q3	3. Worrying too much about different things	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered
gad7q4	4. Trouble relaxing	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered
gad7q5	5. Being so restless that it is hard to sit still	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered
gad7q6	6. Becoming easily annoyed or irritable	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered
gad7q7	7. Feeling afraid as if something awful might happen	Num	0=Not at all 1=Several Days 2=More than half the days 3=Nearly every day 99=not answered

Interview Information			
field	description	type	Codes
intattempt1	Record method of first interview attempt:	Num	0=In person 1=Phone 2=Mail 3=Web-based questionnaire
intattemptdate1	Record date of first interview attempt:	text	
attempt2	Record another interview attempt?	Num	1=Yes 0=No
intattempt2	Record method of second interview attempt:	Num	0=In person 1=Phone 2=Mail 3=Web-based questionnaire
intattemptdate2	Record date of second interview attempt:	text	
attempt3	Record another interview attempt?	Num	1=Yes 0=No
intattempt3	Record method of third interview attempt:	Num	0=In person 1=Phone 2=Mail 3=Web-based questionnaire
intattemptdate3	Record date of third interview attempt:	text	
interviewdate	Date that interview/questionnaire was collected:	text	
interviewinit	Interviewer Initials (fml)	text	

LESSER Variables			
field	description	type	Codes
consent	Did the study participant consent to participate in the LESS extended follow up?	Num	1=Yes 0=No
consent_date	Date of Consent	date_ymd	
consent_inits	Please enter your initials:	text	
treatment	Initial treatment:	Num	0=Lidocaine 1=ESI
crossover	Did the patient crossover at 6 weeks?	Num	1=Yes 0=No 2=No 6 week injection
injectdate	Initial injection date:	date_ymd	
strata	Strata randomized from:	text	
assignment	Randomized to:	Num	0=18 Month 1=24 Month
pre_sent	Were the 18-month pre-interview questions sent out to the study	Num	1=Yes 0=No
pre_sentdate	Date Sent:	date_ymd	
pre_sentinits	Please enter your initials:	text	
pre_completedate	Date Completed:	date_ymd	
pre_anotherinjection	1. Based on your experience with the epidural injections you received as part of the LESS study, would you choose to have another injection if this was a treatment option for you, and you didn't have to pay any money out of pocket for it?	Num	1=Yes 0=No 2=Not sure 3=NA



LESSER Variables			
field	description	type	Codes
pre_improvements	2. Below is a list of problems that are caused by spinal stenosis. Please check the THREE problems you would most like to have improved from an epidural injection.	Num	0=None 1=Leg pain 2=Limitations in physical activities such as walking, climbing stairs, bending over, lifting, or sitting 3=Limitations in exercising 4=Limitations in doing household activities 5=Limitations in doing hobbies and leisure activities 6=Work limitations (including volunteer activities) 7=Limitations in traveling 8=Limitations in driving 9=Limitations in social activities 10=Problems sleeping 11=Limitations in walking upstairs/downstairs without the use of a handrail 12=Other 13=NA
pre_other	2.1 If 'Other', please describe:	text	
post_sent	Were the post report questions sent out to the study participant?	Num	1=Yes 0=No
post_sentdate	Date Sent:	date_ymd	
post_sentinits	Please enter your initials:	text	
post_completeddate	Date Completed:	date_ymd	
post_anotherinjection	1. Based on the data we presented in this report and your experience with the epidural injection(s) you received in the LESS study, would you choose to have another injection if this was a treatment option for you, and you didn't have to pay any money out of pocket for it?	Num	1=Yes 0=No 2=Not sure 3=NA

**LESSER Variables**

<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
post_noinjection	1.1. If NO to Question 1, please choose all that apply:	Num	0=My spinal stenosis symptoms aren't bad enough for me to have another injection. 1=The epidural injection(s) didn't help me 2=Because of side effects I had from the epidural injection(s) 3=I am concerned about the potential risks of epidural injections 4=Other 5=NA
post_noinjectionother	1.1.1 If 'Other', please describe:	text	
post_improvements	2. Below is a list of problems that are caused by spinal stenosis. Please check the <b>THREE</b> problems you would most like to have improved from an epidural injection.	Num	0=None 1=Leg pain 2=Limitations in physical activities such as walking, climbing stairs, bending over, lifting, or sitting 3=Limitations in exercising 4=Limitations in doing household activities 5=Limitations in doing hobbies and leisure activities 6=Work limitations (including volunteer activities) 7=Limitations in traveling 8=Limitations in driving 9=Limitations in social activities 10=Problems sleeping 11=Limitations in walking upstairs/downstairs without the use of a handrail 12=Other 13=NA
post_improveother	2.1 If 'Other', please describe:	text	

LESSER Variables			
field	description	type	Codes
post_helpful	3. How helpful is the information in this report in deciding if you would get another epidural injection?	Num	0=Extremely helpful 1=Very helpful 2=Moderately helpful 3=A little helpful 4=Not at all helpful 5=NA
post_function	4. Looking at the top graph on the report, what was the overall change in your PHYSICAL FUNCTION after receiving the epidural injection(s)?	Num	0=The graph was too confusing for me to know. 1=My physical function was worse. 2=My physical function was the same. 3=My physical function was a little better. 4=My physical function was moderately better. 5=My physical function was a great deal better. 6=NA
post_painchange	5. Looking at the bottom graph on the report, what was the overall change in your PAIN after receiving the epidural injection(s)?	Num	0=The graph was too confusing for me to know. 1=My pain was worse. 2=My pain was the same. 3=My pain was a little better. 4=My pain was moderately better. 5=My pain was a great deal better. 6=NA
post_understand	6. How easy was this report to understand?	Num	0=Extremely difficult to understand 1=Moderately difficult to understand 2=Somewhat difficult to understand 3=Neither difficult nor easy to understand 4=Somewhat easy to understand 5=Moderately easy to understand 6=Extremely easy to understand 7=NA

**LESSER Variables**

<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
post_assistance	7. Did you need assistance to understand this report?	Num	0=No 1=Yes, a little 2=NA

Medical Events			
field	description	type	Codes
laststudyvisitdate_d3	Day 3: Your last study visit was on:	date_ymd	
medevent surg_d3	Day 3: 3.1. Did you have surgery after the injection?	Num	1=Yes 0=No
medeventer_d3	Day 3: 3.2. Did you have to go to an emergency department or an urgent care clinic since your injection about three days ago,?	Num	1=Yes 0=No
medeventhosp_d3	Day 3: 3.3.a. Were you hospitalized since your injection about three days ago?	Num	1=Yes 0=No
medeventicu_d3	Day 3: 3.3.b. If YES to 3.3.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No
medeventallergy_d3	Day 3: 3.4. Did you experience any allergic reaction to the injection that you received about three days ago?	Num	1=Yes 0=No
medeventother_d3	3.5. Day 3: Did you experience any other complications since your last procedure about three days ago?	Num	1=Yes 0=No
medeventotherdet_d3	3.5.a. Day 3: If YES to 3.5., what other complications did you experience?	Text	
medeventallergyaeform_d3	Day 3: 3.6. INTERVIEWER: if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No
laststudyvisitdate_d7	Day 7: Your last study contact was on:	date_ymd	
medevent surg_d7	Day 7: 3.1. Did you have surgery since your last study contact?	Num	1=Yes 0=No
medeventer_d7	Day 7: 3.2. Did you go to an emergency department or an urgent care clinic since your last study contact?	Num	1=Yes 0=No
medeventhosp_d7	Day 7: 3.3.a. Were you hospitalized since your last study contact?	Num	1=Yes 0=No
medeventicu_d7	Day 7: 3.3.b. If YES to 3.3.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No
medeventother_d7	Day 7: 3.4. Did you experience any other complications since your last study contact?	Num	1=Yes 0=No
medeventotherdet_d7	Day 7: If YES to 3.4., what other complications did you experience?	Text	

Medical Events			
field	description	type	Codes
medeventaeform_d7	Day 7: 3.5. <u>INTERVIEWER</u>: if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No
laststudyvisitdate_w2	Week 2: You last study contact was on:	date_ymd	
medeventurg_w2	Week 2: 3.1. Did you have surgery since your last study contact?	Num	1=Yes 0=No
medeventer_w2	Week 2: 3.2. Did you go to an emergency department or an urgent care clinic since your last study contact?	Num	1=Yes 0=No
medeventhosp_w2	Week 2: 3. Week 2: 3.a. Were you hospitalized since your last study contact?	Num	1=Yes 0=No
medeventicu_w2	Week 2: 3. Week 2: 3.b. If YES to Week 2: 3. Week 2: 3.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No
medeventother_w2	Week 2: 3.4. Did you experience any other complications since your last study contact?	Num	1=Yes 0=No
medeventotherdet_w2	If YES to Week 2: 3.4.: what other complications did you experience?	Text	
medeventaeform_w2	Week 2: 3.5. <u>INTERVIEWER</u>: if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No
injection_w3	Week 3: 3.1 <i>Interviewer</i>: Did the patient receive a week 3 injection?	Num	1=Yes 0=No
laststudyvisitdate_w3	Week 3: Your last study contact was on:	date_ymd	
medeventurg_w3	Week 3: 3.2. Did you have surgery since your last study contact?	Num	1=Yes 0=No
medeventer_w3	Week 3: 3. Week 3: 3. Did you go to an emergency department or an urgent care clinic since your last study contact?	Num	1=Yes 0=No
medeventhosp_w3	Week 3: 3.4.a. Were you hospitalized since your last study contact?	Num	1=Yes 0=No
medeventicu_w3	Week 3: 3.4.b. If YES to Week 3: 3.4.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No

Medical Events			
field	description	type	Codes
medeventother_w3	Week 3: 3.5. Did you experience any other complications since your last study contact?	Num	1=Yes 0=No
medeventotherdet_w3	If YES to Week 3: 3.5.: what other complications did you experience?	Text	
medeventaeform_w3	Week 3: 3.6. <u>INTERVIEWER</u>: if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No
lastinjectiondate_w5	Week 5: Your last study contact was on:	date_ymd	
medevent surg_w5	Week 5: 3.1. Did you have surgery since your last study contact?	Num	1=Yes 0=No
medeventer_w5	Week 5: 3.2. Did you go to an emergency department or an urgent care clinic since your last study contact?	Num	1=Yes 0=No
medeventhosp_w5	Week 5: 3. Week 5: 3.a. Were you be hospitalized since your last study contact?	Num	1=Yes 0=No
medeventicu_w5	Week 5: 3. Week 5: 3.b. If YES to Week 5: 3. Week 5: 3.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No
medeventallergy_w5	Week 5: 3.4. Did you experience any allergic reaction to the <u>last injection</u> that you received?	Num	1=Yes 0=No
medeventother_w5	Week 5: 3.5. Did you experience any other complications since your <u>last study contact</u>?	Num	1=Yes 0=No
medeventotherdet_w5	If yes to Week 5: 3.5., what other complications did you experience?		
medeventallergyaeform_w5	Week 5: 3.6. <u>INTERVIEWER</u>: if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No
injection_w6	Week 6: 3.1 <i>Interviewer</i>: Did the patient receive a week 6 injection?	Num	1=Yes 0=No
laststudyvisitdate_w6	Week 6: Your last study contact was on:	date_ymd	
medevent surg_w6	Week 6: 3.2. Did you have surgery since your last study contact?	Num	1=Yes 0=No

Medical Events			
field	description	type	Codes
medeventer_w6	Week 6: 3. Week 6: 3. Did you go to an emergency department or an urgent care clinic since your last study contact?	Num	1=Yes 0=No
medeventhosp_w6	Week 6: 3.4.a. Were you hospitalized since your last study contact?	Num	1=Yes 0=No
medeventicu_w6	Week 6: 3.4.b. If YES to Week 6: 3.4.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No
medeventother_w6	Week 6: 3.5. Did you experience any other complications since your last study contact?	Num	1=Yes 0=No
medeventotherdet_w6	If YES to Week 6: 3.5.: what other complications did you experience?	Text	
medeventaeform_w6	Week 6: 3.6. <u>INTERVIEWER</u> : if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No
laststudyvisitdate_mth	Month: You last study contact was on:	date_ymd	
medeventurg_mth	Month: 8.1. Did you have surgery since your last study contact?	Num	1=Yes 0=No
medeventer_mth	Month: 8.2. Did you go to an emergency department or an urgent care clinic since your last study contact?	Num	1=Yes 0=No
medeventhosp_mth	Month: 8.3.a. Were you hospitalized since your last study contact?	Num	1=Yes 0=No
medeventicu_mth	Month: 8.3.b. If YES to Month: 8.3.a: Were you admitted to an intensive care unit (ICU) during your hospitalization?	Num	1=Yes 0=No
medeventother_mth	Month: 8.4. Did you experience any other complications since your last study contact?	Num	1=Yes 0=No
medeventotherdet_mth	If YES to Month: 8.4.: what other complications did you experience?	Text	
medeventaeform_mth	Month: 8.5. <u>INTERVIEWER</u> : if YES to any of the above, did the research staff complete an adverse event form and submit it to the UW DCC?	Num	1=Yes 0=No



Medication Diaries			
field	description	type	Codes
meddiary_visit	Which visit is this (shows just above)?	Num	0=Week 3 1=Week 6 2=Month 6 3=Month 12
diarydate	Date diary provided to study participant:	date_ymd	
medweekday_w1d1	Week 1 Day 1:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w1d2	Week 1 Day 2:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w1d3	Week 1 Day 3:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w1d4	Week 1 Day 4:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w1d5	Week 1 Day 5:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday

Medication Diaries			
field	description	type	Codes
medweekday_w1d6	Week 1 Day 6:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w1d7	Week 1 Day 7:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w1d1date	What was the date of Day 1 (date diary was started)?	date_ymd	
painmeds_w1	Are there any medications listed for week 1 Diary page?	Num	1=Yes 0=No
painmeds1_w1	Medication 1 Name	Text	
painmeddose1_bl	Medication 1 Dosage - Baseline (avg/day, past 3 days)	Text	
painmeddose1_w1d1	Medication 1 Dosage - Day 1:	Text	
painmeddose1_w1d2	Medication 1 Dosage - Day 2:	Text	
painmeddose1_w1d3	Medication 1 Dosage - Day 3:	Text	
painmeddose1_w1d4	Medication 1 Dosage - Day 4:	Text	
painmeddose1_w1d5	Medication 1 Dosage - Day 5:	Text	
painmeddose1_w1d6	Medication 1 Dosage - Day 6:	Text	
painmeddose1_w1d7	Medication 1 Dosage - Day 7:	Text	
painmedtimes1_bl	Medication 1 Number Taken - Baseline (avg/day, past 3 days)	Text	
painmedtimes1_w1d1	Medication 1 Number Taken - Day 1:	Text	
painmedtimes1_w1d2	Medication 1 Number Taken - Day 2:	Text	
painmedtimes1_w1d3	Medication 1 Number Taken - Day 3:	Text	
painmedtimes1_w1d4	Medication 1 Number Taken - Day 4:	Text	
painmedtimes1_w1d5	Medication 1 Number Taken - Day 5:	Text	
painmedtimes1_w1d6	Medication 1 Number Taken - Day 6:	Text	
painmedtimes1_w1d7	Medication 1 Number Taken - Day 7:	Text	

Medication Diaries			
field	description	type	Codes
add2_w1	Add another medication name?	Num	1=Yes 0=No
painmeds2_w1	Medication 2 Name	Text	
painmeddose2_bl	Medication 2 Dosage - Baseline (avg/day, past 3 days)	Text	
painmeddose2_w1d1	Medication 2 Dosage - Day 1:	Text	
painmeddose2_w1d2	Medication 2 Dosage - Day 2:	Text	
painmeddose2_w1d3	Medication 2 Dosage - Day 3:	Text	
painmeddose2_w1d4	Medication 2 Dosage - Day 4:	Text	
painmeddose2_w1d5	Medication 2 Dosage - Day 5:	Text	
painmeddose2_w1d6	Medication 2 Dosage - Day 6:	Text	
painmeddose2_w1d7	Medication 2 Dosage - Day 7:	Text	
painmedtimes2_bl	Medication 2 Number Taken - Baseline (avg/day, past 3 days)	Text	
painmedtimes2_w1d1	Medication 2 Number Taken - Day 1:	Text	
painmedtimes2_w1d2	Medication 2 Number Taken - Day 2:	Text	
painmedtimes2_w1d3	Medication 2 Number Taken - Day 3:	Text	
painmedtimes2_w1d4	Medication 2 Number Taken - Day 4:	Text	
painmedtimes2_w1d5	Medication 2 Number Taken - Day 5:	Text	
painmedtimes2_w1d6	Medication 2 Number Taken - Day 6:	Text	
painmedtimes2_w1d7	Medication 2 Number Taken - Day 7:	Text	
add3_w1	Add another medication name?	Num	1=Yes 0=No
painmeds3_w1	Medication 3 Name	Text	
painmeddose3_bl	Medication 3 Dosage - Baseline (avg/day, past 3 days)	Text	
painmeddose3_w1d1	Medication 3 Dosage - Day 1:	Text	
painmeddose3_w1d2	Medication 3 Dosage - Day 2:	Text	
painmeddose3_w1d3	Medication 3 Dosage - Day 3:	Text	
painmeddose3_w1d4	Medication 3 Dosage - Day 4:	Text	
painmeddose3_w1d5	Medication 3 Dosage - Day 5:	Text	
painmeddose3_w1d6	Medication 3 Dosage - Day 6:	Text	
painmeddose3_w1d7	Medication 3 Dosage - Day 7:	Text	
painmedtimes3_bl	Medication 3 Number Taken - Baseline (avg/day, past 3 days)	Text	
painmedtimes3_w1d1	Medication 3 Number Taken - Day 1:	Text	

Medication Diaries			
field	description	type	Codes
painmedtimes3_w1d2	Medication 3 Number Taken - Day 2:	Text	
painmedtimes3_w1d3	Medication 3 Number Taken - Day 3:	Text	
painmedtimes3_w1d4	Medication 3 Number Taken - Day 4:	Text	
painmedtimes3_w1d5	Medication 3 Number Taken - Day 5:	Text	
painmedtimes3_w1d6	Medication 3 Number Taken - Day 6:	Text	
painmedtimes3_w1d7	Medication 3 Number Taken - Day 7:	Text	
add4_w1	Add another medication name?	Num	1=Yes 0=No
painmeds4_w1	Medication 4 Name	Text	
painmeddose4_bl	Medication 4 Dosage - Baseline (avg/day, past 3 days)	Text	
painmeddose4_w1d1	Medication 4 Dosage - Day 1:	Text	
painmeddose4_w1d2	Medication 4 Dosage - Day 2:	Text	
painmeddose4_w1d3	Medication 4 Dosage - Day 3:	Text	
painmeddose4_w1d4	Medication 4 Dosage - Day 4:	Text	
painmeddose4_w1d5	Medication 4 Dosage - Day 5:	Text	
painmeddose4_w1d6	Medication 4 Dosage - Day 6:	Text	
painmeddose4_w1d7	Medication 4 Dosage - Day 7:	Text	
painmedtimes4_bl	Medication 4 Number Taken - Baseline (avg/day, past 3 days)	Text	
painmedtimes4_w1d1	Medication 4 Number Taken - Day 1:	Text	
painmedtimes4_w1d2	Medication 4 Number Taken - Day 2:	Text	
painmedtimes4_w1d3	Medication 4 Number Taken - Day 3:	Text	
painmedtimes4_w1d4	Medication 4 Number Taken - Day 4:	Text	
painmedtimes4_w1d5	Medication 4 Number Taken - Day 5:	Text	
painmedtimes4_w1d6	Medication 4 Number Taken - Day 6:	Text	
painmedtimes4_w1d7	Medication 4 Number Taken - Day 7:	Text	

**Medication Diaries**

<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
otcweekday_w1d1	Week 1 Day 1:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w1d2	Week 1 Day 2:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w1d3	Week 1 Day 3:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w1d4	Week 1 Day 4:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w1d5	Week 1 Day 5:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w1d6	Week 1 Day 6:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday

Medication Diaries			
field	description	type	Codes
otcweekday_w1d7	Week 1 Day 7:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w1d1date	What was the date of Day 1 (date diary was started)?	date_ymd	
otcmeds_w1	Are there any Non-Prescription / OTCs listed for week 1 Diary page?	Num	1=Yes 0=No
otcmeds1_w1	Non-Prescription / OTC 1 Name	Text	
otcmeddose1_bl	Non-Prescription / OTC 1 Dosage - Baseline (avg/day, past 3 days):	Text	
otcmeddose1_w1d1	Non-Prescription / OTC 1 Dosage - Day 1:	Text	
otcmeddose1_w1d2	Non-Prescription / OTC 1 Dosage - Day 2:	Text	
otcmeddose1_w1d3	Non-Prescription / OTC 1 Dosage - Day 3:	Text	
otcmeddose1_w1d4	Non-Prescription / OTC 1 Dosage - Day 4:	Text	
otcmeddose1_w1d5	Non-Prescription / OTC 1 Dosage - Day 5:	Text	
otcmeddose1_w1d6	Non-Prescription / OTC 1 Dosage - Day 6:	Text	
otcmeddose1_w1d7	Non-Prescription / OTC 1 Dosage - Day 7:	Text	
otcmedtimes1_bl	Non-Prescription / OTC 1 Number Taken - Baseline (avg/day, past 3 days):	Text	
otcmedtimes1_w1d1	Non-Prescription / OTC 1 Number Taken - Day 1:	Text	
otcmedtimes1_w1d2	Non-Prescription / OTC 1 Number Taken - Day 2:	Text	
otcmedtimes1_w1d3	Non-Prescription / OTC 1 Number Taken - Day 3:	Text	
otcmedtimes1_w1d4	Non-Prescription / OTC 1 Number Taken - Day 4:	Text	
otcmedtimes1_w1d5	Non-Prescription / OTC 1 Number Taken - Day 5:	Text	

Medication Diaries			
field	description	type	Codes
otcmedtimes1_w1d6	Non-Prescription / OTC 1 Number Taken - Day 6:	Text	
otcmedtimes1_w1d7	Non-Prescription / OTC 1 Number Taken - Day 7:	Text	
otcadd2_w1	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds2_w1	Non-Prescription / OTC 2 Name	Text	
otcmeddose2_bl	Non-Prescription / OTC 2 Dosage - Baseline (avg/day, past 3 days):	Text	
otcmeddose2_w1d1	Non-Prescription / OTC 2 Dosage - Day 1:	Text	
otcmeddose2_w1d2	Non-Prescription / OTC 2 Dosage - Day 2:	Text	
otcmeddose2_w1d3	Non-Prescription / OTC 2 Dosage - Day 3:	Text	
otcmeddose2_w1d4	Non-Prescription / OTC 2 Dosage - Day 4:	Text	
otcmeddose2_w1d5	Non-Prescription / OTC 2 Dosage - Day 5:	Text	
otcmeddose2_w1d6	Non-Prescription / OTC 2 Dosage - Day 6:	Text	
otcmeddose2_w1d7	Non-Prescription / OTC 2 Dosage - Day 7:	Text	
otcmedtimes2_bl	Non-Prescription / OTC 2 Number Taken - Baseline (avg/day, past 3 days):	Text	
otcmedtimes2_w1d1	Non-Prescription / OTC 2 Number Taken - Day 1:	Text	
otcmedtimes2_w1d2	Non-Prescription / OTC 2 Number Taken - Day 2:	Text	
otcmedtimes2_w1d3	Non-Prescription / OTC 2 Number Taken - Day 3:	Text	
otcmedtimes2_w1d4	Non-Prescription / OTC 2 Number Taken - Day 4:	Text	
otcmedtimes2_w1d5	Non-Prescription / OTC 2 Number Taken - Day 5:	Text	
otcmedtimes2_w1d6	Non-Prescription / OTC 2 Number Taken - Day 6:	Text	
otcmedtimes2_w1d7	Non-Prescription / OTC 2 Number Taken - Day 7:	Text	
otcadd3_w1	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No

Medication Diaries			
field	description	type	Codes
otcmeds3_w1	Non-Prescription / OTC 3 Name	Text	
otcmeddose3_bl	Non-Prescription / OTC 3 Dosage - Baseline (avg/day, past 3 days):	Text	
otcmeddose3_w1d1	Non-Prescription / OTC 3 Dosage - Day 1:	Text	
otcmeddose3_w1d2	Non-Prescription / OTC 3 Dosage - Day 2:	Text	
otcmeddose3_w1d3	Non-Prescription / OTC 3 Dosage - Day 3:	Text	
otcmeddose3_w1d4	Non-Prescription / OTC 3 Dosage - Day 4:	Text	
otcmeddose3_w1d5	Non-Prescription / OTC 3 Dosage - Day 5:	Text	
otcmeddose3_w1d6	Non-Prescription / OTC 3 Dosage - Day 6:	Text	
otcmeddose3_w1d7	Non-Prescription / OTC 3 Dosage - Day 7:	Text	
otcmedtimes3_bl	Non-Prescription / OTC 3 Number Taken - Baseline (avg/day, past 3 days):	Text	
otcmedtimes3_w1d1	Non-Prescription / OTC 3 Number Taken - Day 1:	Text	
otcmedtimes3_w1d2	Non-Prescription / OTC 3 Number Taken - Day 2:	Text	
otcmedtimes3_w1d3	Non-Prescription / OTC 3 Number Taken - Day 3:	Text	
otcmedtimes3_w1d4	Non-Prescription / OTC 3 Number Taken - Day 4:	Text	
otcmedtimes3_w1d5	Non-Prescription / OTC 3 Number Taken - Day 5:	Text	
otcmedtimes3_w1d6	Non-Prescription / OTC 3 Number Taken - Day 6:	Text	
otcmedtimes3_w1d7	Non-Prescription / OTC 3 Number Taken - Day 7:	Text	
otcadd4_w1	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds4_w1	Non-Prescription / OTC 4 Name	Text	
otcmeddose4_bl	Non-Prescription / OTC 4 Dosage - Baseline (avg/day, past 3 days):	Text	
otcmeddose4_w1d1	Non-Prescription / OTC 4 Dosage - Day 1:	Text	



Medication Diaries			
field	description	type	Codes
otcmeddose4_w1d2	Non-Prescription / OTC 4 Dosage - Day 2:	Text	
otcmeddose4_w1d3	Non-Prescription / OTC 4 Dosage - Day 3:	Text	
otcmeddose4_w1d4	Non-Prescription / OTC 4 Dosage - Day 4:	Text	
otcmeddose4_w1d5	Non-Prescription / OTC 4 Dosage - Day 5:	Text	
otcmeddose4_w1d6	Non-Prescription / OTC 4 Dosage - Day 6:	Text	
otcmeddose4_w1d7	Non-Prescription / OTC 4 Dosage - Day 7:	Text	
otcmedtimes4_bl	Non-Prescription / OTC 4 Number Taken - Baseline (avg/day, past 3 days):	Text	
otcmedtimes4_w1d1	Non-Prescription / OTC 4 Number Taken - Day 1:	Text	
otcmedtimes4_w1d2	Non-Prescription / OTC 4 Number Taken - Day 2:	Text	
otcmedtimes4_w1d3	Non-Prescription / OTC 4 Number Taken - Day 3:	Text	
otcmedtimes4_w1d4	Non-Prescription / OTC 4 Number Taken - Day 4:	Text	
otcmedtimes4_w1d5	Non-Prescription / OTC 4 Number Taken - Day 5:	Text	
otcmedtimes4_w1d6	Non-Prescription / OTC 4 Number Taken - Day 6:	Text	
otcmedtimes4_w1d7	Non-Prescription / OTC 4 Number Taken - Day 7:	Text	
ptuse_w1	Physical Therapy:	Num	1=Yes 0=No
ptusenum_w1	Number of physical therapy treatments in the last 7 days?	Num	
chirouse_w1	Chiropractic Care:	Num	1=Yes 0=No
chirousenum_w1	Number of chiropractic treatments in the last 7 days?	Num	
acupunctuse_w1	Acupuncture Care:	Num	1=Yes 0=No
acupunctusenum_w1	Number of acupuncture treatments in the last 7 days?	Num	
massageuse_w1	Massage Therapy:	Num	1=Yes 0=No
massageusenum_w1	Number of massage therapy treatments in the last 7 days?	Num	

Medication Diaries			
field	description	type	Codes
occtherapyuse_w1	Occupational Therapy:	Num	1=Yes 0=No
occtherapyusenum_w1	Number of occupational therapy treatments in the last 7 days?	Num	
naturopathuse_w1	Naturopathic Therapy (or Services):	Num	1=Yes 0=No
naturopathusenum_w1	Number of naturopathic therapy treatments in the last 7 days?	Num	
othertreatuse_w1	Other Treatments (describe):	Text	
othertreatusenum_w1	Number of other treatments in the last 7 days?	Num	
legpainhours_w1	During the past <u>7 DAYS</u>, how many total hours did you spend on activities specifically intended to reduce your back and/or leg pain (sciatica) or to improve your back and/or leg pain symptoms? <i>For example, this could include time spent applying ice or heat to your back or legs, traveling to medical or therapeutic provider appointments, as well as doing exercise, yoga, pilates, or other activities to reduce back and/or leg pain or to improve your back pain symptoms.</i>	Num	0=0-2 hours 1=2-5 hours 2=5-10 hours 3=10 hours or more
apptassist_w1	2. Do you have someone else who helps you by driving you to medical or therapeutic appointments for your back pain or helps you with home care such as preparing ice or heat packs, or with other therapies to reduce your back and/or leg pain (e.g., spouse, other family member, friend, or hired caregiver)?	Num	1=Yes 0=No

<b>Medication Diaries</b>			
<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
apptassisthours_w1	If YES, during the past 7 DAYS, how many total hours did the other person(s) spend transporting you or helping you try to reduce your back and/or leg pain?	Num	0=0-2 hours 1=2-5 hours 2=5-10 hours 3=10 hours or more
prodmassage_w1	Massage products - number of items:	Num	
prodmassagecost_w1	Massage products - average cost per item:	Num	
prodexercise_w1	Exercise products or fitness equipment - number of items:	Num	
prodexercisecost_w1	Exercise products or fitness equipment - average cost per item:	Num	
prodbrace_w1	Braces, belts, or other lumbar support products, cushions, magnetic pads or magnetic back support braces - number of items:	Num	
prodbracecost_w1	Braces, belts, or other lumbar support products, cushions, magnetic pads or magnetic back support braces - average cost per item:	Num	
prodicepacks_w1	Ice packs or heat packs for your back and leg pain - number of items:	Num	
prodicepackscost_w1	Ice packs or heat packs for your back and leg pain - average cost per item:	Num	
prodeducation_w1	Educational materials (e.g., books, CDs, DVDs for back and/or leg pain) - number of items:	Num	
prodeducationcost_w1	Educational materials (e.g., books, CDs, DVDs for back and/or leg pain) - average cost per item:	Num	
prodwalking_w1	Products that provide walking support (e.g., canes, crutches, walker) - number of items:	Num	

Medication Diaries			
field	description	type	Codes
prodwalkingcost_w1	Products that provide walking support (e.g., canes, crutches, walker) - average cost per item:	Num	
prodfurniture_w1	Furniture for back and/or leg pain (e.g., chair, mattress, mattress pad) - number of items:	Num	
prodfurniturecost_w1	Furniture for back and/or leg pain (e.g., chair, mattress, mattress pad) - average cost per item:	Num	
prodanyother_w1	Were any other products listed?	Num	1=Yes 0=No
prodoother1_w1	Other Product 1 - describe:	Text	
prodoother1num_w1	Other Product 1 - number of items:	Text	
prodoother1cost_w1	Other Product 1 - average cost per item:	Text	
prodoother2_w1	Other Product 2 - describe:	Text	
prodoother2num_w1	Other Product 2 - number of items:	Text	
prodoother2cost_w1	Other Product 2 - average cost per item:	Text	
medweekday_w2d1	Week 2 Day 1:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w2d2	Week 2 Day 2:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w2d3	Week 2 Day 3:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday

Medication Diaries			
field	description	type	Codes
medweekday_w2d4	Week 2 Day 4:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w2d5	Week 2 Day 5:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w2d6	Week 2 Day 6:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w2d7	Week 2 Day 7:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w2d1date	What was the date of Day 1 (date diary was started)?	date_ymd	
painmeds_w2	Are there any medications listed for week 2?	Num	1=Yes 0=No
painmeds1_w2	Medication 1 Name	Text	
painmeddose1_w2d1	Medication 1 Dosage - Day 1:	Text	
painmeddose1_w2d2	Medication 1 Dosage - Day 2:	Text	
painmeddose1_w2d3	Medication 1 Dosage - Day 3:	Text	
painmeddose1_w2d4	Medication 1 Dosage - Day 4:	Text	
painmeddose1_w2d5	Medication 1 Dosage - Day 5:	Text	
painmeddose1_w2d6	Medication 1 Dosage - Day 6:	Text	
painmeddose1_w2d7	Medication 1 Dosage - Day 7:	Text	
painmedtimes1_w2d1	Medication 1 Number Taken - Day 1:	Text	
painmedtimes1_w2d2	Medication 1 Number Taken - Day 2:	Text	

Medication Diaries			
field	description	type	Codes
painmedtimes1_w2d3	Medication 1 Number Taken - Day 3:	Text	
painmedtimes1_w2d4	Medication 1 Number Taken - Day 4:	Text	
painmedtimes1_w2d5	Medication 1 Number Taken - Day 5:	Text	
painmedtimes1_w2d6	Medication 1 Number Taken - Day 6:	Text	
painmedtimes1_w2d7	Medication 1 Number Taken - Day 7:	Text	
add2_w2	Add another medication name?	Num	1=Yes 0=No
painmeds2_w2	Medication 2 Name	Text	
painmeddose2_w2d1	Medication 2 Dosage - Day 1:	Text	
painmeddose2_w2d2	Medication 2 Dosage - Day 2:	Text	
painmeddose2_w2d3	Medication 2 Dosage - Day 3:	Text	
painmeddose2_w2d4	Medication 2 Dosage - Day 4:	Text	
painmeddose2_w2d5	Medication 2 Dosage - Day 5:	Text	
painmeddose2_w2d6	Medication 2 Dosage - Day 6:	Text	
painmeddose2_w2d7	Medication 2 Dosage - Day 7:	Text	
painmedtimes2_w2d1	Medication 2 Number Taken - Day 1:	Text	
painmedtimes2_w2d2	Medication 2 Number Taken - Day 2:	Text	
painmedtimes2_w2d3	Medication 2 Number Taken - Day 3:	Text	
painmedtimes2_w2d4	Medication 2 Number Taken - Day 4:	Text	
painmedtimes2_w2d5	Medication 2 Number Taken - Day 5:	Text	
painmedtimes2_w2d6	Medication 2 Number Taken - Day 6:	Text	
painmedtimes2_w2d7	Medication 2 Number Taken - Day 7:	Text	
add3_w2	Add another medication name?	Num	1=Yes 0=No
painmeds3_w2	Medication 3 Name	Text	
painmeddose3_w2d1	Medication 3 Dosage - Day 1:	Text	
painmeddose3_w2d2	Medication 3 Dosage - Day 2:	Text	
painmeddose3_w2d3	Medication 3 Dosage - Day 3:	Text	
painmeddose3_w2d4	Medication 3 Dosage - Day 4:	Text	
painmeddose3_w2d5	Medication 3 Dosage - Day 5:	Text	
painmeddose3_w2d6	Medication 3 Dosage - Day 6:	Text	
painmeddose3_w2d7	Medication 3 Dosage - Day 7:	Text	

Medication Diaries			
field	description	type	Codes
painmedtimes3_w2d1	Medication 3 Number Taken - Day 1:	Text	
painmedtimes3_w2d2	Medication 3 Number Taken - Day 2:	Text	
painmedtimes3_w2d3	Medication 3 Number Taken - Day 3:	Text	
painmedtimes3_w2d4	Medication 3 Number Taken - Day 4:	Text	
painmedtimes3_w2d5	Medication 3 Number Taken - Day 5:	Text	
painmedtimes3_w2d6	Medication 3 Number Taken - Day 6:	Text	
painmedtimes3_w2d7	Medication 3 Number Taken - Day 7:	Text	
add4_w2	Add another medication name?	Num	1=Yes 0=No
painmeds4_w2	Medication 4 Name	Text	
painmeddose4_w2d1	Medication 4 Dosage - Day 1:	Text	
painmeddose4_w2d2	Medication 4 Dosage - Day 2:	Text	
painmeddose4_w2d3	Medication 4 Dosage - Day 3:	Text	
painmeddose4_w2d4	Medication 4 Dosage - Day 4:	Text	
painmeddose4_w2d5	Medication 4 Dosage - Day 5:	Text	
painmeddose4_w2d6	Medication 4 Dosage - Day 6:	Text	
painmeddose4_w2d7	Medication 4 Dosage - Day 7:	Text	
painmedtimes4_w2d1	Medication 4 Number Taken - Day 1:	Text	
painmedtimes4_w2d2	Medication 4 Number Taken - Day 2:	Text	
painmedtimes4_w2d3	Medication 4 Number Taken - Day 3:	Text	
painmedtimes4_w2d4	Medication 4 Number Taken - Day 4:	Text	
painmedtimes4_w2d5	Medication 4 Number Taken - Day 5:	Text	
painmedtimes4_w2d6	Medication 4 Number Taken - Day 6:	Text	
painmedtimes4_w2d7	Medication 4 Number Taken - Day 7:	Text	
otcweekday_w2d1	Week 2 Day 1:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday

Medication Diaries			
field	description	type	Codes
otcweekday_w2d2	Week 2 Day 2:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w2d3	Week 2 Day 3:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w2d4	Week 1 Day 4:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w2d5	Week 2 Day 5:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w2d6	Week 2 Day 6:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w2d7	Week 2 Day 7:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w2d1date	What was the date of Day 1 (date diary was started)?	date_ymd	



Medication Diaries			
field	description	type	Codes
otcmeds_w2	Are there any Non-Prescription / OTCs listed for week 2?	Num	1=Yes 0=No
otcmeds1_w2	Non-Prescription / OTC 1 Name	Text	
otcmeddose1_w2d1	Non-Prescription / OTC 1 Dosage - Day 1:	Text	
otcmeddose1_w2d2	Non-Prescription / OTC 1 Dosage - Day 2:	Text	
otcmeddose1_w2d3	Non-Prescription / OTC 1 Dosage - Day 3:	Text	
otcmeddose1_w2d4	Non-Prescription / OTC 1 Dosage - Day 4:	Text	
otcmeddose1_w2d5	Non-Prescription / OTC 1 Dosage - Day 5:	Text	
otcmeddose1_w2d6	Non-Prescription / OTC 1 Dosage - Day 6:	Text	
otcmeddose1_w2d7	Non-Prescription / OTC 1 Dosage - Day 7:	Text	
otcmedtimes1_w2d1	Non-Prescription / OTC 1 Number Taken - Day 1:	Text	
otcmedtimes1_w2d2	Non-Prescription / OTC 1 Number Taken - Day 2:	Text	
otcmedtimes1_w2d3	Non-Prescription / OTC 1 Number Taken - Day 3:	Text	
otcmedtimes1_w2d4	Non-Prescription / OTC 1 Number Taken - Day 4:	Text	
otcmedtimes1_w2d5	Non-Prescription / OTC 1 Number Taken - Day 5:	Text	
otcmedtimes1_w2d6	Non-Prescription / OTC 1 Number Taken - Day 6:	Text	
otcmedtimes1_w2d7	Non-Prescription / OTC 1 Number Taken - Day 7:	Text	
otcadd2_w2	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds2_w2	Non-Prescription / OTC 2 Name	Text	
otcmeddose2_w2d1	Non-Prescription / OTC 2 Dosage - Day 1:	Text	
otcmeddose2_w2d2	Non-Prescription / OTC 2 Dosage - Day 2:	Text	
otcmeddose2_w2d3	Non-Prescription / OTC 2 Dosage - Day 3:	Text	
otcmeddose2_w2d4	Non-Prescription / OTC 2 Dosage - Day 4:	Text	

Medication Diaries			
field	description	type	Codes
otcmeddose2_w2d5	Non-Prescription / OTC 2 Dosage - Day 5:	Text	
otcmeddose2_w2d6	Non-Prescription / OTC 2 Dosage - Day 6:	Text	
otcmeddose2_w2d7	Non-Prescription / OTC 2 Dosage - Day 7:	Text	
otcmedtimes2_w2d1	Non-Prescription / OTC 2 Number Taken - Day 1:	Text	
otcmedtimes2_w2d2	Non-Prescription / OTC 2 Number Taken - Day 2:	Text	
otcmedtimes2_w2d3	Non-Prescription / OTC 2 Number Taken - Day 3:	Text	
otcmedtimes2_w2d4	Non-Prescription / OTC 2 Number Taken - Day 4:	Text	
otcmedtimes2_w2d5	Non-Prescription / OTC 2 Number Taken - Day 5:	Text	
otcmedtimes2_w2d6	Non-Prescription / OTC 2 Number Taken - Day 6:	Text	
otcmedtimes2_w2d7	Non-Prescription / OTC 2 Number Taken - Day 7:	Text	
otcadd3_w2	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds3_w2	Non-Prescription / OTC 3 Name	Text	
otcmeddose3_w2d1	Non-Prescription / OTC 3 Dosage - Day 1:	Text	
otcmeddose3_w2d2	Non-Prescription / OTC 3 Dosage - Day 2:	Text	
otcmeddose3_w2d3	Non-Prescription / OTC 3 Dosage - Day 3:	Text	
otcmeddose3_w2d4	Non-Prescription / OTC 3 Dosage - Day 4:	Text	
otcmeddose3_w2d5	Non-Prescription / OTC 3 Dosage - Day 5:	Text	
otcmeddose3_w2d6	Non-Prescription / OTC 3 Dosage - Day 6:	Text	
otcmeddose3_w2d7	Non-Prescription / OTC 3 Dosage - Day 7:	Text	
otcmedtimes3_w2d1	Non-Prescription / OTC 3 Number Taken - Day 1:	Text	
otcmedtimes3_w2d2	Non-Prescription / OTC 3 Number Taken - Day 2:	Text	
otcmedtimes3_w2d3	Non-Prescription / OTC 3 Number Taken - Day 3:	Text	

Medication Diaries			
field	description	type	Codes
otcmedtimes3_w2d4	Non-Prescription / OTC 3 Number Taken - Day 4:	Text	
otcmedtimes3_w2d5	Non-Prescription / OTC 3 Number Taken - Day 5:	Text	
otcmedtimes3_w2d6	Non-Prescription / OTC 3 Number Taken - Day 6:	Text	
otcmedtimes3_w2d7	Non-Prescription / OTC 3 Number Taken - Day 7:	Text	
otcadd4_w2	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds4_w2	Non-Prescription / OTC 4 Name	Text	
otcmeddose4_w2d1	Non-Prescription / OTC 4 Dosage - Day 1:	Text	
otcmeddose4_w2d2	Non-Prescription / OTC 4 Dosage - Day 2:	Text	
otcmeddose4_w2d3	Non-Prescription / OTC 4 Dosage - Day 3:	Text	
otcmeddose4_w2d4	Non-Prescription / OTC 4 Dosage - Day 4:	Text	
otcmeddose4_w2d5	Non-Prescription / OTC 4 Dosage - Day 5:	Text	
otcmeddose4_w2d6	Non-Prescription / OTC 4 Dosage - Day 6:	Text	
otcmeddose4_w2d7	Non-Prescription / OTC 4 Dosage - Day 7:	Text	
otcmedtimes4_w2d1	Non-Prescription / OTC 4 Number Taken - Day 1:	Text	
otcmedtimes4_w2d2	Non-Prescription / OTC 4 Number Taken - Day 2:	Text	
otcmedtimes4_w2d3	Non-Prescription / OTC 4 Number Taken - Day 3:	Text	
otcmedtimes4_w2d4	Non-Prescription / OTC 4 Number Taken - Day 4:	Text	
otcmedtimes4_w2d5	Non-Prescription / OTC 4 Number Taken - Day 5:	Text	
otcmedtimes4_w2d6	Non-Prescription / OTC 4 Number Taken - Day 6:	Text	
otcmedtimes4_w2d7	Non-Prescription / OTC 4 Number Taken - Day 7:	Text	
ptuse_w2	Physical Therapy:	Num	1=Yes 0=No
ptusenum_w2	Number of physical therapy treatments in the last 7 days?	Num	

Medication Diaries			
field	description	type	Codes
chirouse_w2	Chiropractic Care:	Num	1=Yes 0=No
chirousenum_w2	Number of chiropractic treatments in the last 7 days?	Num	
acupunctuse_w2	Acupuncture Care:	Num	1=Yes 0=No
acupunctusenum_w2	Number of acupuncture treatments in the last 7 days?	Num	
massageuse_w2	Massage Therapy:	Num	1=Yes 0=No
massageusenum_w2	Number of massage therapy treatments in the last 7 days?	Num	
occtherapyuse_w2	Occupational Therapy:	Num	1=Yes 0=No
occtherapyusenum_w2	Number of occupational therapy treatments in the last 7 days?	Num	
naturopathuse_w2	Naturopathic Therapy (or Services):	Num	1=Yes 0=No
naturopathusenum_w2	Number of naturopathic therapy treatments in the last 7 days?	Num	
othertreatuse_w2	Other Treatments (describe):	Text	
othertreatusenum_w2	Number of other treatments in the last 7 days?	Num	
legpainhours_w2	During the past <u>7 DAYS</u>, how many total hours did you spend on activities specifically intended to reduce your back and/or leg pain (sciatica) or to improve your back and/or leg pain symptoms? <i>For example, this could include time spent applying ice or heat to your back or legs, traveling to medical or therapeutic provider appointments, as well as doing exercise, yoga, pilates, or other activities to reduce back and/or leg pain or to improve your back pain symptoms.</i>	Num	0=0-2 hours 1=2-5 hours 2=5-10 hours 3=10 hours or more

Medication Diaries			
field	description	type	Codes
apptassist_w2	2. Do you have someone else who helps you by driving you to medical or therapeutic appointments for your back pain or helps you with home care such as preparing ice or heat packs, or with other therapies to reduce your back and/or leg pain (e.g., spouse, other family member, friend, or hired caregiver)?	Num	1=Yes 0=No
apptassisthours_w2	If YES, during the past 7 DAYS, how many total hours did the other person(s) spend transporting you or helping you try to reduce your back and/or leg pain?	Num	0=0-2 hours 1=2-5 hours 2=5-10 hours 3=10 hours or more
prodmassage_w2	Massage products - number of items:	Num	
prodmassagecost_w2	Massage products - average cost per item:	Num	
prodexercise_w2	Exercise products or fitness equipment - number of items:	Num	
prodexercisecost_w2	Exercise products or fitness equipment - average cost per item:	Num	
prodbrace_w2	Braces, belts, or other lumbar support products, cushions, magnetic pads or magnetic back support braces - number of items:	Num	
prodbracecost_w2	Braces, belts, or other lumbar support products, cushions, magnetic pads or magnetic back support braces - average cost per item:	Num	
prodicepacks_w2	Ice packs or heat packs for your back and leg pain - number of items:	Num	
prodicepackscost_w2	Ice packs or heat packs for your back and leg pain - average cost per item:	Num	

Medication Diaries			
field	description	type	Codes
prodeducation_w2	Educational materials (e.g., books, CDs, DVDs for back and/or leg pain) - number of items:	Num	
prodeducationcost_w2	Educational materials (e.g., books, CDs, DVDs for back and/or leg pain) - average cost per item:	Num	
prodwalking_w2	Products that provide walking support (e.g., canes, crutches, walker) - number of items:	Num	
prodwalkingcost_w2	Products that provide walking support (e.g., canes, crutches, walker) - average cost per item:	Num	
prodfurniture_w2	Furniture for back and/or leg pain (e.g., chair, mattress, mattress pad) - number of items:	Num	
prodfurniturecost_w2	Furniture for back and/or leg pain (e.g., chair, mattress, mattress pad) - average cost per item:	Num	
prodanyother_w2	Were any other products listed?	Num	1=Yes 0=No
prodoother1_w2	Other Product 1 - describe:	Text	
prodoother1num_w2	Other Product 1 - number of items:	Text	
prodoother1cost_w2	Other Product 1 - average cost per item:	Text	
prodoother2_w2	Other Product 2 - describe:	Text	
prodoother2num_w2	Other Product 2 - number of items:	Text	
prodoother2cost_w2	Other Product 2 - average cost per item:	Text	
medweekday_w3d1	Week 3 Day 1:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday

Medication Diaries			
field	description	type	Codes
medweekday_w3d2	Week 3 Day 2:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w3d3	Week 3 Day 3:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w3d4	Week 3 Day 4:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w3d5	Week 3 Day 5:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w3d6	Week 3 Day 6:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w3d7	Week 3 Day 7:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
medweekday_w3d1date	What was the date of Day 1 (date diary was started)?	date_ymd	

Medication Diaries			
field	description	type	Codes
painmeds_w3	Are there any medications listed for week 1?	Num	1=Yes 0=No
painmeds1_w3	Medication 1 Name	Text	
painmeddose1_w3d1	Medication 1 Dosage - Day 1:	Text	
painmeddose1_w3d2	Medication 1 Dosage - Day 2:	Text	
painmeddose1_w3d3	Medication 1 Dosage - Day 3:	Text	
painmeddose1_w3d4	Medication 1 Dosage - Day 4:	Text	
painmeddose1_w3d5	Medication 1 Dosage - Day 5:	Text	
painmeddose1_w3d6	Medication 1 Dosage - Day 6:	Text	
painmeddose1_w3d7	Medication 1 Dosage - Day 7:	Text	
painmedtimes1_w3d1	Medication 1 Number Taken - Day 1:	Text	
painmedtimes1_w3d2	Medication 1 Number Taken - Day 2:	Text	
painmedtimes1_w3d3	Medication 1 Number Taken - Day 3:	Text	
painmedtimes1_w3d4	Medication 1 Number Taken - Day 4:	Text	
painmedtimes1_w3d5	Medication 1 Number Taken - Day 5:	Text	
painmedtimes1_w3d6	Medication 1 Number Taken - Day 6:	Text	
painmedtimes1_w3d7	Medication 1 Number Taken - Day 7:	Text	
add2_w3	Add another medication name?	Num	1=Yes 0=No
painmeds2_w3	Medication 2 Name	Text	
painmeddose2_w3d1	Medication 2 Dosage - Day 1:	Text	
painmeddose2_w3d2	Medication 2 Dosage - Day 2:	Text	
painmeddose2_w3d3	Medication 2 Dosage - Day 3:	Text	
painmeddose2_w3d4	Medication 2 Dosage - Day 4:	Text	
painmeddose2_w3d5	Medication 2 Dosage - Day 5:	Text	
painmeddose2_w3d6	Medication 2 Dosage - Day 6:	Text	
painmeddose2_w3d7	Medication 2 Dosage - Day 7:	Text	
painmedtimes2_w3d1	Medication 2 Number Taken - Day 1:	Text	
painmedtimes2_w3d2	Medication 2 Number Taken - Day 2:	Text	
painmedtimes2_w3d3	Medication 2 Number Taken - Day 3:	Text	
painmedtimes2_w3d4	Medication 2 Number Taken - Day 4:	Text	
painmedtimes2_w3d5	Medication 2 Number Taken - Day 5:	Text	



Medication Diaries			
field	description	type	Codes
painmedtimes2_w3d6	Medication 2 Number Taken - Day 6:	Text	
painmedtimes2_w3d7	Medication 2 Number Taken - Day 7:	Text	
add3_w3	Add another medication name?	Num	1=Yes 0=No
painmeds3_w3	Medication 3 Name	Text	
painmeddose3_w3d1	Medication 3 Dosage - Day 1:	Text	
painmeddose3_w3d2	Medication 3 Dosage - Day 2:	Text	
painmeddose3_w3d3	Medication 3 Dosage - Day 3:	Text	
painmeddose3_w3d4	Medication 3 Dosage - Day 4:	Text	
painmeddose3_w3d5	Medication 3 Dosage - Day 5:	Text	
painmeddose3_w3d6	Medication 3 Dosage - Day 6:	Text	
painmeddose3_w3d7	Medication 3 Dosage - Day 7:	Text	
painmedtimes3_w3d1	Medication 3 Number Taken - Day 1:	Text	
painmedtimes3_w3d2	Medication 3 Number Taken - Day 2:	Text	
painmedtimes3_w3d3	Medication 3 Number Taken - Day 3:	Text	
painmedtimes3_w3d4	Medication 3 Number Taken - Day 4:	Text	
painmedtimes3_w3d5	Medication 3 Number Taken - Day 5:	Text	
painmedtimes3_w3d6	Medication 3 Number Taken - Day 6:	Text	
painmedtimes3_w3d7	Medication 3 Number Taken - Day 7:	Text	
add4_w3	Add another medication name?	Num	1=Yes 0=No
painmeds4_w3	Medication 4 Name	Text	
painmeddose4_w3d1	Medication 4 Dosage - Day 1:	Text	
painmeddose4_w3d2	Medication 4 Dosage - Day 2:	Text	
painmeddose4_w3d3	Medication 4 Dosage - Day 3:	Text	
painmeddose4_w3d4	Medication 4 Dosage - Day 4:	Text	
painmeddose4_w3d5	Medication 4 Dosage - Day 5:	Text	
painmeddose4_w3d6	Medication 4 Dosage - Day 6:	Text	
painmeddose4_w3d7	Medication 4 Dosage - Day 7:	Text	
painmedtimes4_w3d1	Medication 4 Number Taken - Day 1:	Text	
painmedtimes4_w3d2	Medication 4 Number Taken - Day 2:	Text	
painmedtimes4_w3d3	Medication 4 Number Taken - Day 3:	Text	

Medication Diaries			
field	description	type	Codes
painmedtimes4_w3d4	Medication 4 Number Taken - Day 4:	Text	
painmedtimes4_w3d5	Medication 4 Number Taken - Day 5:	Text	
painmedtimes4_w3d6	Medication 4 Number Taken - Day 6:	Text	
painmedtimes4_w3d7	Medication 4 Number Taken - Day 7:	Text	
otcweekday_w3d1	Week 1 Day 1:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w3d2	Week 1 Day 2:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w3d3	Week 1 Day 3:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w3d4	Week 1 Day 4:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w3d5	Week 1 Day 5:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday

Medication Diaries			
field	description	type	Codes
otcweekday_w3d6	Week 1 Day 6:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w3d7	Week 1 Day 7:	Num	0=Monday 1=Tuesday 2=Wednesday 3=Thursday 4=Friday 5=Saturday 6=Sunday
otcweekday_w3d1date	What was the date of Day 1 (date diary was started)?	date_ymd	
otcmeds_w3	Are there any Non-Prescription / OTCs listed for week 1?	Num	1=Yes 0=No
otcmeds1_w3	Non-Prescription / OTC 1 Name	Text	
otcmeddose1_w3d1	Non-Prescription / OTC 1 Dosage - Day 1:	Text	
otcmeddose1_w3d2	Non-Prescription / OTC 1 Dosage - Day 2:	Text	
otcmeddose1_w3d3	Non-Prescription / OTC 1 Dosage - Day 3:	Text	
otcmeddose1_w3d4	Non-Prescription / OTC 1 Dosage - Day 4:	Text	
otcmeddose1_w3d5	Non-Prescription / OTC 1 Dosage - Day 5:	Text	
otcmeddose1_w3d6	Non-Prescription / OTC 1 Dosage - Day 6:	Text	
otcmeddose1_w3d7	Non-Prescription / OTC 1 Dosage - Day 7:	Text	
otcmedtimes1_w3d1	Non-Prescription / OTC 1 Number Taken - Day 1:	Text	
otcmedtimes1_w3d2	Non-Prescription / OTC 1 Number Taken - Day 2:	Text	
otcmedtimes1_w3d3	Non-Prescription / OTC 1 Number Taken - Day 3:	Text	
otcmedtimes1_w3d4	Non-Prescription / OTC 1 Number Taken - Day 4:	Text	
otcmedtimes1_w3d5	Non-Prescription / OTC 1 Number Taken - Day 5:	Text	

Medication Diaries			
field	description	type	Codes
otcmedtimes1_w3d6	Non-Prescription / OTC 1 Number Taken - Day 6:	Text	
otcmedtimes1_w3d7	Non-Prescription / OTC 1 Number Taken - Day 7:	Text	
otcadd2_w3	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds2_w3	Non-Prescription / OTC 2 Name	Text	
otcmeddose2_w3d1	Non-Prescription / OTC 2 Dosage - Day 1:	Text	
otcmeddose2_w3d2	Non-Prescription / OTC 2 Dosage - Day 2:	Text	
otcmeddose2_w3d3	Non-Prescription / OTC 2 Dosage - Day 3:	Text	
otcmeddose2_w3d4	Non-Prescription / OTC 2 Dosage - Day 4:	Text	
otcmeddose2_w3d5	Non-Prescription / OTC 2 Dosage - Day 5:	Text	
otcmeddose2_w3d6	Non-Prescription / OTC 2 Dosage - Day 6:	Text	
otcmeddose2_w3d7	Non-Prescription / OTC 2 Dosage - Day 7:	Text	
otcmedtimes2_w3d1	Non-Prescription / OTC 2 Number Taken - Day 1:	Text	
otcmedtimes2_w3d2	Non-Prescription / OTC 2 Number Taken - Day 2:	Text	
otcmedtimes2_w3d3	Non-Prescription / OTC 2 Number Taken - Day 3:	Text	
otcmedtimes2_w3d4	Non-Prescription / OTC 2 Number Taken - Day 4:	Text	
otcmedtimes2_w3d5	Non-Prescription / OTC 2 Number Taken - Day 5:	Text	
otcmedtimes2_w3d6	Non-Prescription / OTC 2 Number Taken - Day 6:	Text	
otcmedtimes2_w3d7	Non-Prescription / OTC 2 Number Taken - Day 7:	Text	
otcadd3_w3	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds3_w3	Non-Prescription / OTC 3 Name	Text	
otcmeddose3_w3d1	Non-Prescription / OTC 3 Dosage - Day 1:	Text	
otcmeddose3_w3d2	Non-Prescription / OTC 3 Dosage - Day 2:	Text	

Medication Diaries			
field	description	type	Codes
otcmeddose3_w3d3	Non-Prescription / OTC 3 Dosage - Day 3:	Text	
otcmeddose3_w3d4	Non-Prescription / OTC 3 Dosage - Day 4:	Text	
otcmeddose3_w3d5	Non-Prescription / OTC 3 Dosage - Day 5:	Text	
otcmeddose3_w3d6	Non-Prescription / OTC 3 Dosage - Day 6:	Text	
otcmeddose3_w3d7	Non-Prescription / OTC 3 Dosage - Day 7:	Text	
otcmedtimes3_w3d1	Non-Prescription / OTC 3 Number Taken - Day 1:	Text	
otcmedtimes3_w3d2	Non-Prescription / OTC 3 Number Taken - Day 2:	Text	
otcmedtimes3_w3d3	Non-Prescription / OTC 3 Number Taken - Day 3:	Text	
otcmedtimes3_w3d4	Non-Prescription / OTC 3 Number Taken - Day 4:	Text	
otcmedtimes3_w3d5	Non-Prescription / OTC 3 Number Taken - Day 5:	Text	
otcmedtimes3_w3d6	Non-Prescription / OTC 3 Number Taken - Day 6:	Text	
otcmedtimes3_w3d7	Non-Prescription / OTC 3 Number Taken - Day 7:	Text	
otcadd4_w3	Add another Non-Prescription / OTC name?	Num	1=Yes 0=No
otcmeds4_w3	Non-Prescription / OTC 4 Name	Text	
otcmeddose4_w3d1	Non-Prescription / OTC 4 Dosage - Day 1:	Text	
otcmeddose4_w3d2	Non-Prescription / OTC 4 Dosage - Day 2:	Text	
otcmeddose4_w3d3	Non-Prescription / OTC 4 Dosage - Day 3:	Text	
otcmeddose4_w3d4	Non-Prescription / OTC 4 Dosage - Day 4:	Text	
otcmeddose4_w3d5	Non-Prescription / OTC 4 Dosage - Day 5:	Text	
otcmeddose4_w3d6	Non-Prescription / OTC 4 Dosage - Day 6:	Text	
otcmeddose4_w3d7	Non-Prescription / OTC 4 Dosage - Day 7:	Text	
otcmedtimes4_w3d1	Non-Prescription / OTC 4 Number Taken - Day 1:	Text	

Medication Diaries			
field	description	type	Codes
otcmedtimes4_w3d2	Non-Prescription / OTC 4 Number Taken - Day 2:	Text	
otcmedtimes4_w3d3	Non-Prescription / OTC 4 Number Taken - Day 3:	Text	
otcmedtimes4_w3d4	Non-Prescription / OTC 4 Number Taken - Day 4:	Text	
otcmedtimes4_w3d5	Non-Prescription / OTC 4 Number Taken - Day 5:	Text	
otcmedtimes4_w3d6	Non-Prescription / OTC 4 Number Taken - Day 6:	Text	
otcmedtimes4_w3d7	Non-Prescription / OTC 4 Number Taken - Day 7:	Text	
ptuse_w3	Physical Therapy:	Num	1=Yes 0=No
ptusenum_w3	Number of physical therapy treatments in the last 7 days?	Num	
chirouse_w3	Chiropractic Care:	Num	1=Yes 0=No
chirousenum_w3	Number of chiropractic treatments in the last 7 days?	Num	
acupunctuse_w3	Acupuncture Care:	Num	1=Yes 0=No
acupunctusenum_w3	Number of acupuncture treatments in the last 7 days?	Num	
massageuse_w3	Massage Therapy:	Num	1=Yes 0=No
massageusenum_w3	Number of massage therapy treatments in the last 7 days?	Num	
occtherapyuse_w3	Occupational Therapy:	Num	1=Yes 0=No
occtherapyusenum_w3	Number of occupational therapy treatments in the last 7 days?	Num	
naturopathuse_w3	Naturopathic Therapy (or Services):	Num	1=Yes 0=No
naturopathusenum_w3	Number of naturopathic therapy treatments in the last 7 days?	Num	
othertreatuse_w3	Other Treatments (describe):	Text	
othertreatusenum_w3	Number of other treatments in the last 7 days?	Num	

Medication Diaries			
field	description	type	Codes
legpainhours_w3	During the past <u>7 DAYS</u>, how many total hours did you spend on activities specifically intended to reduce your back and/or leg pain (sciatica) or to improve your back and/or leg pain symptoms? <i>For example, this could include time spent applying ice or heat to your back or legs, traveling to medical or therapeutic provider appointments, as well as doing exercise, yoga, pilates, or other activities to reduce back and/or leg pain or to improve your back pain symptoms.</i>	Num	0=0-2 hours 1=2-5 hours 2=5-10 hours 3=10 hours or more
apptassist_w3	2. Do you have someone else who helps you by driving you to medical or therapeutic appointments for your back pain or helps you with home care such as preparing ice or heat packs, or with other therapies to reduce your back and/or leg pain (e.g., spouse, other family member, friend, or hired caregiver)?	Num	0, No   1, Yes
apptassisthours_w3	If YES, during the past 7 DAYS, how many total hours did the other person(s) spend transporting you or helping you try to reduce your back and/or leg pain?	Num	0=0-2 hours 1=2-5 hours 2=5-10 hours 3=10 hours or more
prodmassage_w3	Massage products - number of items:	Num	
prodmassagecost_w3	Massage products - average cost per item:	Num	
prodexercise_w3	Exercise products or fitness equipment - number of items:	Num	
prodexercisecost_w3	Exercise products or fitness equipment - average cost per item:	Num	

Medication Diaries			
field	description	type	Codes
prodbrace_w3	Braces, belts, or other lumbar support products, cushions, magnetic pads or magnetic back support braces - number of items:	Num	
prodbracecost_w3	Braces, belts, or other lumbar support products, cushions, magnetic pads or magnetic back support braces - average cost per item:	Num	
prodicepacks_w3	Ice packs or heat packs for your back and leg pain - number of items:	Num	
prodicepackscost_w3	Ice packs or heat packs for your back and leg pain - average cost per item:	Num	
prodeducation_w3	Educational materials (e.g., books, CDs, DVDs for back and/or leg pain) - number of items:	Num	
prodeducationcost_w3	Educational materials (e.g., books, CDs, DVDs for back and/or leg pain) - average cost per item:	Num	
prodwalking_w3	Products that provide walking support (e.g., canes, crutches, walker) - number of items:	Num	
prodwalkingcost_w3	Products that provide walking support (e.g., canes, crutches, walker) - average cost per item:	Num	
prodfurniture_w3	Furniture for back and/or leg pain (e.g., chair, mattress, mattress pad) - number of items:	Num	
prodfurniturecost_w3	Furniture for back and/or leg pain (e.g., chair, mattress, mattress pad) - average cost per item:	Num	
prodanyother_w3	Were any other products listed?	Num	1=Yes 0=No
prodoother1_w3	Other Product 1 - describe:	Text	
prodoother1num_w3	Other Product 1 - number of items:	Text	



**Medication Diaries**

<b>field</b>	<b>description</b>	<b>type</b>	<b>Codes</b>
prodoother1cost_w3	Other Product 1 - average cost per item:	Text	
prodoother2_w3	Other Product 2 - describe:	Text	
prodoother2num_w3	Other Product 2 - number of items:	Text	
prodoother2cost_w3	Other Product 2 - average cost per item:	Text	

**Pain Catastrophizing Scale**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
pcs_1	1. I worry all the time about whether the pain will end.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_2	2. I feel I can't go on.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_3	3. It's terrible and I think it's never going to get any better.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_4	4. It's awful and I feel that it overwhelms me.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_5	5. I feel I can't stand it anymore.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_6	6. I become afraid that the pain will get worse.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_7	7. I keep thinking of other painful events.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)

**Pain Catastrophizing Scale**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
pcs_8	8. I anxiously want the pain to go away.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_9	9. I can't seem to keep it out of my mind.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_10	10. I keep thinking about how much it hurts.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_11	11. I keep thinking about how badly I want the pain to stop.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_12	12. There's nothing I can do to reduce the intensity of the pain.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)
pcs_13	13. I wonder whether something serious may happen.	Num	0=Not at all 1=To a slight degree 2=To a moderate degree 3=To a great degree 4=All the time 99=NA (not answered)

**Pain Numeric Rating Scale (NRS)**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
painnrs_back	During the PAST WEEK, on AVERAGE, how intense was your back pain?	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine
painnrs_leg	During the PAST WEEK, on AVERAGE, how intense was your leg pain?	Num	0=No Pain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Pain as bad as you can imagine

**Patient Expectations**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
expect_1	How helpful do you believe an epidural steroid injection will be for your pain?	Num	0=Not at all helpful 1, 2, 3, 4, 5, 6, 7, 8, 9, 10=Extremely helpful 99=NA (not answered)

**Patient Health Questionnaire 8 (PHQ8)**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
phq8_1	1. Little interest or pleasure in doing things	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_2	2. Feeling down, depressed, or hopeless	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_3	3. Trouble falling or staying asleep, or sleeping too much	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_4	4. Feeling tired or having little energy	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_5	5. Poor appetite or overeating	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_6	6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_7	7. Trouble concentrating on things such as reading the newspaper, watching television	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)
phq8_8	8. Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	Num	0=Not at all 1=Several days 2=More than half the days 3=Nearly everyday 0.001=NA (not answered)

Procedure Form			
field	description	type	codes
procedureformdate	Procedure Date:	date_ymd	
systolicbp	1.1. What is the patient's systolic blood	Text	
diastolicbp	1.2. What is the patient's diastolic blood	Text	
heartrate	1.3. What is the patient's heart rate?	Text	
temperature	1.4. What is the patient's temperature?	Text	
temperatureu	1.5. How was the patient's temperature measured?	radio	0=Celsius 1=Fahrenheit
height	2.1. Patient Height (in inches):	Text	
weight	2.2. Patient Weight (in pounds):	Text	
bmi	2.3. Body Mass Index (calculated)	Num	$[\text{weight}] * 703 / ([\text{height}] * [\text{height}])$
coagintr	2.4. For patients taking anti-coagulants (such as Coumadin), what is the patient's international normalized ratio (INR)?	Text	
bloodglucose	2.5. What is the patient's fasting blood glucose?	Text	
hga1c	2.6. What is the patient's HgA1C level?	Text	
cortisol	2.7. What is the patient's morning cortisol level?	Text	
acth	2.8 What is the patient's morning ACTH level?	Text	
labsdate	2.9.1 Labs Date	date_ymd	
labstime	2.9.2 Labs Time	Text	
whichvisit	3.0. Which study visit is this?	Num	0=Baseline 1=Three-week 2=Six-week 3=Nine-week
anotherinjection	3.1. Is the study participant receiving an additional injection at today's visit?	Num	1=Yes 0=No
crossoverinjection	3.2. If 'Yes', will the study participant receive a repeat of the baseline injection or the crossover injection?	Num	0=Baseline Injection 1=Crossover Injection
crossoverreason	3.3. If the 'Crossover Injection', why does the study participant want to receive the crossover injection?	Num	0=Inadequate pain relief from previous study injection(s) 1=Patient knows which treatment s/he received at the previous study injection 2=Someone at the injection clinic suggested that s/he should try the crossover injection 3=Other

Procedure Form			
field	description	type	codes
crossoverreasonother	3.3.1. If 'Other', what was the reason:	Text	
preproccheck	4.1. Patient identification verified using two indicators (i.e. wristband, patient, paper chart, EMR)	Num	1=Yes 0=No
preprocaffirm	4.2. Accurate and complete informed consent verified	Num	1=Yes 0=No
preprocstop	4.3. Procedure verified using at least two independent source documents (Provider order, diagnostic images, radiology reports, patient understanding of the procedure, informed consent)	Num	1=Yes 0=No
sitemarked	4.4. Site marked, as appropriate, by person performing the procedure with initials:	Num	1=Yes 0=No
sitenotmarked	4.4.1. If site not marked, the reason was:	Num	0=Site marking not required per policy 1=Provider is in continuous attendance with the patient 2=Refused by patient 3=Other
aecheck1	4.5. Did the patient have any of the following events SINCE THE PREVIOUS STUDY VISIT? (this question must be completed by the treating physician and asked only at the 3, 6, and 9 week visits)	Num	0=Infection 1=Scarring at puncture site 2=Fluoroscopy event (hair loss, skin redness or damage) 3=Stroke 4=Cardiac failure 5=Respiratory failure 6=Need for immediate surgery 7= Hospitalization 8=Allergic reaction to previous injection materials



**Procedure Form**

field	description	type	codes
checklistreview	5.1. The team reviewed relevant case information including	Num	0=Images and diagnostic reports 1=Anticipated equipment is available 2=Vital signs reviewed and stable 3=Anticoagulation status reviewed / INR < 1.3 4=Allergies reviewed 5=Blood glucose < 200 verified
timeout	6.1. Person performing the procedure initiated time-out verbally:	Num	1=Yes 0=No
activitystop	6.2. All other activity ceased:	Num	1=Yes 0=No
timeoutverifypatient	6.3.1. Second health care provider verbally verified patient and procedure including side/site:	Num	1=Yes 0=No
timeoutverifysite	6.3.2. Second health care provider verbally verified visualization and location of the site mark, if applicable	Num	1=Yes 0=No
timeoutverifyprimary	6.4. Person performing the procedure verbally verified procedure includign side / site:	Num	1=Yes 0=No
injectionapproach	7.1. What was the injection approach?	Num	0=Interlaminar 1=Transforaminal
injlevel_trans	7.2. For interlaminar injections, what was the level of the injection?	Num	0=L1-L2 1=L2-L3 2=L3-L4 3=L4-L5 4=L5-S1
injlevel_inter	7.3. For transforaminal injections, what was the level of the injection?	Num	0=T12 1=L1 2=L2 3=L3 4=L4 5=L5 6=S1

Procedure Form			
field	description	type	codes
sideofinjection	7.4. For transforaminal injections, what side was treated?	Num	0=Left 1=Right 3=Both 2=N/A
steroidtype	7.5. What type of steroid was used in the steroid syringe?	Num	0=Celestone 1=Depomedrol 2=Dexamethasone 3=Kenalog 4=Other
steroiddose	7.6. Regardless of which syringe was used for the procedure, what was the dose of steroid in the epidural steroid syringe?	Text	
esisyringevolume	7.7. Regardless of which syringe was used for the procedure, what was the total volume of liquid in the epidural steroid syringe?	Text	
lasyringevolume	7.8. Regardless of which syringe was used in the procedure, what was the total volume of liquid in the local anesthetic only syringe? (Note: volume should be the same as the steroid injection volume)	Text	
syningevolumeunit	7.8.1. How was volume measured?	Num	0=cubic centimeters (cc) 1=milliliters (mL) 2=Other
needletype	7.9. What type of needle was used?	Num	0=Quinke point 1=Tuohy point 2=Other
needlesize	7.10. What gauge needle was used for today's injection?	Num	8=17G 0=18G 1=19G 2=20G 3=21G 4=22G 5=23G 6=24G 7=25G
vascuptakefluoro	7.11. Was there vascular uptake on fluoroscopy?	Num	1=Yes 0=No
procomplications	7.12. Were there any complications with the procedure?	Num	1=Yes 0=No
procomplicationstext	7.12.1. If 'Yes', please explain the complications:	Text	

**Procedure Form**

field	description	type	codes
aecheck2	7.13. Were any of the following events observed during or after the procedure? (this question must be completed by the treating physician at the baseline, three-week, six-week, and nine-week injections)	Num	0=New radiculopathy 1=New myelopathy 2=Dural puncture 3=Infection 4=Scarring at puncture site 5=Fluoroscopy event (hair loss, skin redness or damage) 6=Need for immediate surgery 7=Hospitalization 8=Allergic reaction to injected materials

Roland Morris Disability Questionnaire (RDQ)			
field	description	type	codes
roland1	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. I change position frequently to try and get my back or legs comfortable.	Num	1=Yes 0=No
roland3	3. I walk more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland4	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	5. Because of my back problem or leg pain (sciatica), I use a handrail to get upstairs.	Num	1=Yes 0=No
roland6	6. Because of my back problem or leg pain (sciatica), I lie down to rest more often.	Num	1=Yes 0=No
roland7	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	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	9. I get dressed more slowly than usual because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland10	10. I only stand for short periods of time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland11	11. Because of my back problem or leg pain (sciatica), I try not to bend or kneel down.	Num	1=Yes 0=No
roland12	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	13. My back or leg is painful almost all of the time.	Num	1=Yes 0=No
roland14	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	15. My appetite is not very good because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland16	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	17. I only walk short distances because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland18	18. I sleep less well because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland19	19. Because of my back problem or leg pain (sciatica), I get dressed with help from someone else.	Num	1=Yes 0=No
roland20	20. I sit down for most of the day because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland21	21. I avoid heavy jobs around the house because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland22	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	23. Because of my back problem or leg pain (sciatica), I go upstairs more slowly than usual.	Num	1=Yes 0=No
roland24	24. I stay in bed most of the time because of my back problem or leg pain (sciatica).	Num	1=Yes 0=No
roland	Roland Total: [roland1]+ [roland2]+ [roland3]+ [roland4]+ [roland5]+ [roland6]+[roland7]+ [roland8]+ [roland9]+ [roland10]+[roland11]+[roland12]+[roland13]+[roland14]+[roland15]+[roland16]+[roland17]+[roland18]+[roland19]+[roland20]+[roland21]+[roland22]+ [roland23]+[roland24]	Num	

<b>Scheduling</b>			
<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
phonecall4day7_d3	6.1. Day 7 phone contact scheduled for :	date_ymd	
phonecall4day14_d7	6.1. Day 14 phone contact scheduled for :	date_ymd	
visit4week3_w2	7.1. Date scheduled for Week 3 Visit:	date_ymd	
injection4week3_w2	7.2. Do you think that you want to schedule an injection when you come for your next study visit? This would be the same type of injection you received at your visit two weeks ago.	Text	1=Yes 0=No 2=Unsure
visit4week6_w5	7.1. Date scheduled for Week 6 visit:	date_ymd	
injection4week6_w5	7.2. Do you think that you want to schedule an injection for your next study visit? You can choose to receive the same injection as your last or switch treatments, and	Text	1=Yes 0=No 2=Unsure

Study Completion Form			
field	description	type	codes
complete_study_date	Date that completion form filled out:	date_ymd	
complete_study	Should the patient be considered for subsequent follow-up timepoints?	Num	1=Yes 0=No
incomplete_reason	If not, what was the reason patient did not complete study	Num	0=Withdrew 1=Lost to follow-up and can no longer contact 3=Study participant died 4=Other
incompleteother	List other reason for not completing study:	Text	
withdraw_date	Date that patient withdrew from study	date_ymd	
withdraw_reason	Reason for study withdrawal:	Num	0=Time commitment involved with participation 1=Lack of incentives 2=Not interested in research study 3=No reason given 4=Other
withdraw_reasonoth	If 'Other', what was the reason given for study withdrawal?	Text	
incomplete_death	What was the cause of death? (if known)	Text	
incomplete_deathdt	What was the date of death? (if known)	date_ymd	
study_comments	Comments	Text	

### Swiss Spinal Stenosis Questionnaire

field	description	type	codes
sss1	a. The pain you have had on average including pain in your back, buttocks and pain that goes down in the legs?	Num	0=None 1=Mild 2=Moderate 3=Severe 4=Very Severe 99=NA (not answered)
sss2	b. How often have you had back, buttock or leg pain?	Num	0=Less than once a week 1=At least once a week 2=Every day, for at least a few minutes 3=Every day, for most of the day 4=Every minute of the day 99=NA (not answered)
sss3	c. The pain in your back or buttocks?	Num	0=None 1=Mild 2=Moderate 3=Severe 4=Very Severe 99=NA (not answered)
sss4	d. The pain in your legs or feet?	Num	0=None 1=Mild 2=Moderate 3=Severe 4=Very Severe 99=NA (not answered)
sss5	e. Numbness or tingling in your legs or feet?	Num	0=None 1=Mild 2=Moderate 3=Severe 4=Very Severe 99=NA (not answered)
sss6	f. Weakness in your legs or feet?	Num	0=None 1=Mild 2=Moderate 3=Severe 4=Very Severe 99=NA (not answered)



### Swiss Spinal Stenosis Questionnaire

field	description	type	codes
sssq7	g. Problems with your balance?	Num	0=No, I've had no problems with balance 1=Yes, sometimes I feel my balance is off, or that I am not sure-footed 2=Yes, often I feel my balance is off, or that I am not sure-footed   99=NA (not answered)
sssq8	a. How far have you been able to walk?	Num	0=Over 2 miles 1=Over 2 blocks, but less than 2 miles 2=Over 50 feet, but less than 2 blocks 3=Less than 50 feet 99=NA (not answered)
sssq9	b. Have you taken walks outdoors or in malls for pleasure?	Num	0=No 1=Yes, comfortably 2=Yes, but sometimes with pain 3=Yes, but always with pain 99=NA (not answered)
sssq10	c. Have you been shopping for groceries or other items?	Num	0=No 1=Yes, comfortably 2=Yes, but sometimes with pain 3=Yes, but always with pain 99=NA (not answered)
sssq11	d. Have you walked around the different rooms in your house or apartment?	Num	0=No 1=Yes, comfortably 2=Yes, but sometimes with pain 3=Yes, but always with pain 99=NA (not answered)
sssq12	e. Have you walked from your bedroom to the bathroom?	Num	0=No 1=Yes, comfortably 2=Yes, but sometimes with pain 3=Yes, but always with pain 99=NA (not answered)

**Swiss Spinal Stenosis Questionnaire**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
sss_q_followup	Is this a follow up visit (NOT baseline)?	Num	1=Yes 0=No
sss_q13	13. The overall result of the epidural injection?	Num	0=Very satisfied 1=Somewhat satisfied 2=Somewhat dissatisfied 3=Very dissatisfied 99=NA (not answered)
sss_q14	14. Relief of pain following the epidural injection?	Num	0=Very satisfied 1=Somewhat satisfied 2=Somewhat dissatisfied 3=Very dissatisfied 99=NA (not answered)
sss_q15	15. Your ability to walk following the epidural injection?	Num	0=Very satisfied 1=Somewhat satisfied 2=Somewhat dissatisfied 3=Very dissatisfied 99=NA (not answered)
sss_q16	16. Your ability to do housework, yard work, or job following the epidural injection?	Num	0=Very satisfied 1=Somewhat satisfied 2=Somewhat dissatisfied 3=Very dissatisfied 99=NA (not answered)
sss_q17	17. Your strength in your thighs, legs and feet?	Num	0=Very satisfied 1=Somewhat satisfied 2=Somewhat dissatisfied 3=Very dissatisfied 99=NA (not answered)
sss_q18	18. Your balance, or steadiness on your feet?	Num	0=Very satisfied 1=Somewhat satisfied 2=Somewhat dissatisfied 3=Very dissatisfied 99=NA (not answered)

**Symptom Onset**

<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
onsetofsymptoms	1. You have come in to see the doctor today about back or leg pain (sciatica) caused by spinal stenosis. How long have you had this current episode of pain?	Num	0=< 1 month 1=1-3 months 2=3-6 months 3=6-12 months 4=1-5 years 5=> 5 years 99= NA (not answered)

**Time and Site**

field	description	type	codes
redcap_event_name	Time at which data were collected	Text	baseline_questionn_arm_1='Baseline Questionnaires' day_of_procedure_arm_1='Day of Procedure' day_3_phone_call_arm_1='Day 3 Phone Call' day_7_phone_call_arm_1='Day 7 Phone Call' day_14_phone_call_arm_1='Day 14 Phone Call' week_3_visit_arm_1='Week 3 Visit' week_5_phone_call_arm_1='Week 5 Phone Call' week_6_visit_arm_1='Week 6 Visit' week_9_visit_arm_1='Week 9 Visit' month_3_questionna_arm_1='Month 3 Questionnaires' month_6_questionna_arm_1='Month 6 Questionnaires' month_12_questionn_arm_1='Month 12 Questionnaires' month_18_questionn_arm_1='Month 18 Questionnaires' charlson_comorbidi_arm_1='Charlson Comorbidity' month_24_questionn_arm_1='Month 24 Questionnaires' study_completion_o_arm_1
redcap_data_access_gr	Study site	Text	brigham_and_womens='Brigham and Women's' demonstration='Demonstration' henry_ford='Henry Ford' kaiser_permanente='Kaiser Permanente' mayo_clinic='Mayo Clinic' mgh='MGH' ohsu='OHSU' st_elizabeth='St. Elizabeth' stanford='Stanford' u_washington='U Washington' uc_denver='UC Denver' va_dallas='VA Dallas' vsri='VSRI'

Treatment Perception			
field	description	type	codes
guessinterviewer1	1. Do you think that this patient received the epidural steroid injection or the local anesthetic only procedure?	Num	1=Epidural Steroid Injection 2=Local Anesthetic only Injection 3=No idea 99=Not answered
guessinterviewer2	2. On a scale of 0 to 10, where 0 is not at all certain and 10 is extremely certain, how certain are you about this?	Num	0=Not at all certain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Extremely certain
guessinterviewer3	3. Did you base your guess on any particular reason or clue?	Num	1=Yes 0=No
guessinterviewer3a	3a. What reason or clue is the basis for your guess?	Text	
guesspatient1	1. Do you think that you received the epidural steroid injection or the local anesthetic only procedure <u>at your last injection</u>?	Num	1=Epidural Steroid Injection 2=Local Anesthetic only Injection 3=No idea 99=Not answered
guesspatient2	2. On a scale of 0 to 10, where 0 is not at all certain and 10 is extremely certain, how certain are you about this?	Num	0=Not at all certain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Extremely certain
guesspatient3	3. Did you make your guess based on improvement in your pain?	Num	1=Yes 0=No
guesspatient4	4. Did you base your guess on any other reason or clue?	Num	1=Yes 0=No
guesspatient5	5. What did you base your guess on?	Num	0=Something study personnel said 1=Something non-study personnel said 2=Something related to the procedure 3=Something on the insurance bill 4=Other 99=NA (not answered)
guesspatient5a	5a. What Other reason or clue is the basis for your guess?	Text	
guessmd1	1. 1. Do you think that this patient received the epidural steroid injection or the local anesthetic only procedure? <i>(<u>Note</u>: perception should be based on baseline and week 3 injection)</i>	Num	1=Epidural Steroid Injection 2=Local Anesthetic only Injection 3=No idea 99=Not answered

<b>Treatment Perception</b>			
<b>field</b>	<b>description</b>	<b>type</b>	<b>codes</b>
guessmd2	2. On a scale of 0 to 10, where 0 is not at all certain and 10 is extremely certain, how certain are you about this?	Num	0=Not at all certain 1, 2, 3, 4, 5, 6, 7, 8, 9 10=Extremely certain
guessmd3	3. Did you base your guess on any particular reason or clue?	Num	1=Yes 0=No
guessmd4	3a. What reason or clue is the basis for your guess?	Text	