**Appendix 1:** Factors and Items of the 7-Factor Model of the NIH Minimal Dataset

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| **Factor** | | **Items** |
| 1 | Pain intensity and interference | How would you rate your low-back pain on average in the past 7 days? |
|  | How much did pain interfere with you day-to-day activities? |
|  |  | How much did pain interfere with work around the home? |
|  |  | How much did pain interfere with your ability to participate in social activities? |
|  |  | How much did pain interfere with you household chores? |
|  |  | Are you able to do chores such as vacuuming of yard work? |
| 2 | Pain history | How long has low-back pain been an ongoing problem for you?a |
|  |  | How often has low-back pain been an ongoing problem for you over the past 6 months? |
|  |  | Has back pain spread down your leg(s) during the past 2 weeks? |
|  |  | How much have you been bothered by stomach pain? |
|  |  | How much have you been bothered by pain in your arms, legs, or joints other than your spine of back? |
|  |  | How much have you been bothered by headaches? |
|  |  | How much have you been bothered by widespread pain or pain in most of your body? |
| 3 | Medical interventionsa | Have you ever had a low-back operation? |
|  |  | Have you used Opioid painkillers? |
|  |  | Have you used Injections (such as epidural steroid injections, facet injections) |
|  |  | Have you used exercise therapy? |
|  |  | Have you used psychological counselling, such as cognitive-behavioral therapy? |
| 4 | Depression and catastrophizing | In the past 7 days I felt worthless |
|  | In the past 7 days I felt helpless |
|  |  | In the past 7 days I felt depressed |
|  |  | In the past 7 days I felt hopeless |
|  |  | It's not really safe for a person with my back problem to be physically active |
|  |  | I feel that my back pain is terrible and it's never going to get any better |
| 5 | Physical function | Are you able to go up and down stairs at a normal pace? |
|  |  | Are you able to go for a walk of at least 15 minutes? |
|  |  | Are you able to run errands and shop? |
| 6 | Sleep disturbance | In the past 7 days my sleep quality was |
|  |  | In the past 7 days my sleep was refreshing |
|  |  | In the past 7 days I had problem with my sleep |
|  |  | In the past 7 days I had difficulty falling asleep |
| 7 | Lifestyle | Have you drunk or used drugs more than you meant to? |
|  |  | Have you felt you wanted or needed to cut down on you drinking or drug use? |

*aonly at baseline (T0)*