

Core Minimal Dataset EN

Please complete the survey below.

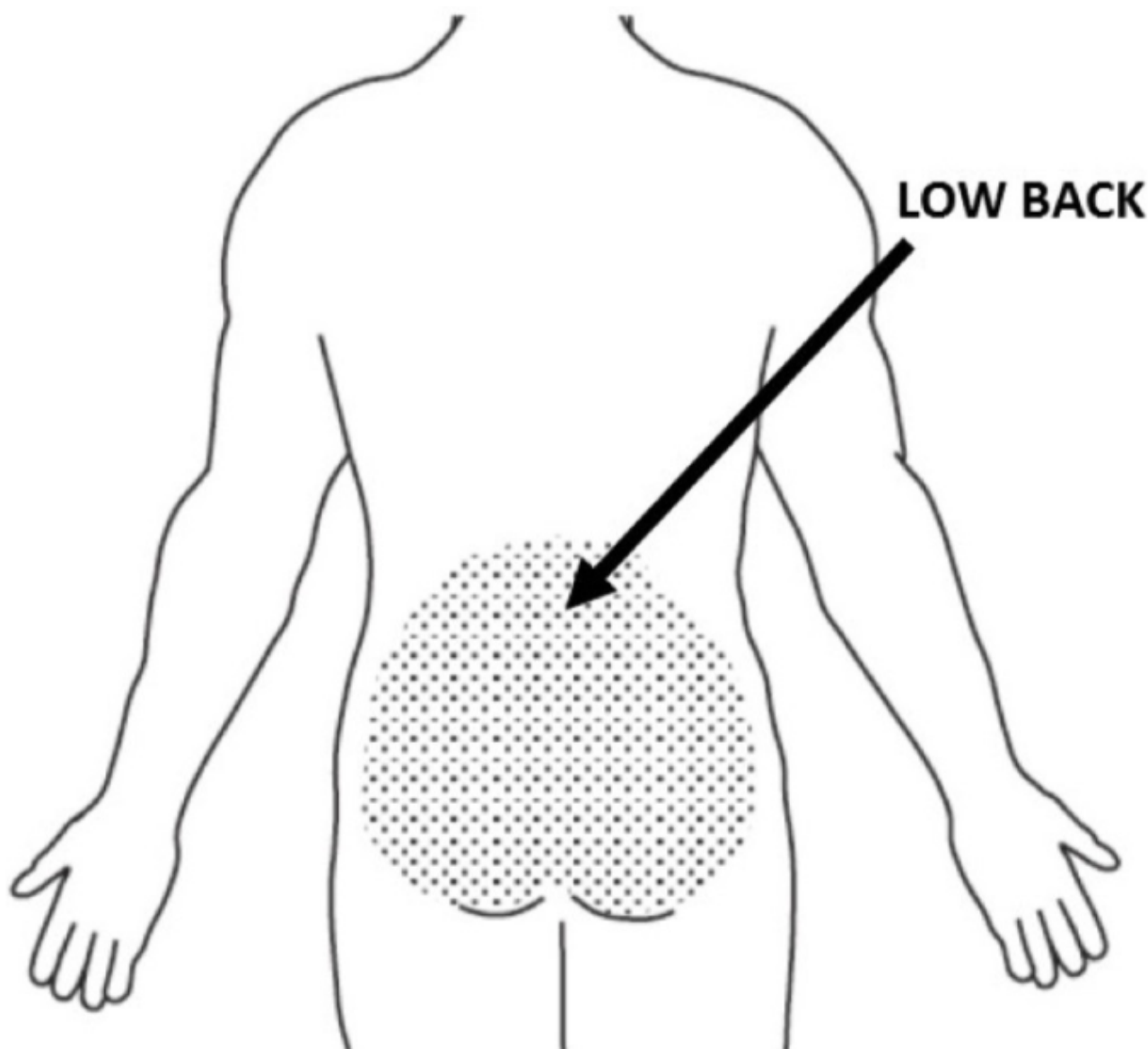
Thank you!

Questionnaire about low-back pain

Are you between 18 and 80 years old?

☐ Yes ☐ No

Please refer to this diagram for the following questions:



In the last 4 weeks, have you had pain in your lower back
(in the area shown on the diagram)?

☐ Yes ☐ No

If yes, was this pain bad enough to limit your usual activities or change your daily routine for more than one day?

☐ Yes ☐ No

Did your low back pain begin less than 3 months ago?

☐ Yes ☐ No

If yes, was this episode of pain preceded by a period of at least 3 months without pain in your lower back?

☐ Yes ☐ No

How long has low-back pain been an ongoing problem for you?

- ☐ Less than a month
☐ 1-2 months
☐ 3-5 months
☐ 6-11 months
☐ 1-5 years
☐ More than 5 years
-
-

How often has low-back pain been an ongoing problem for you over the past 6 months?

- ☐ Every day or nearly every day in the past 6 months
☐ At least half the days in the past 6 months
☐ Less than half the days in the past 6 months
-
-

In the past 7 days, how would you rate your low-back pain on average?

0 = No pain

10 = Worst imaginable pain

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Has low-back pain spread down your leg(s) during the past 2 weeks?
(you can refer to the figure below)

- ☐ Yes
☐ No
☐ Not sure

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

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

Have you ever had a low-back surgery?

- ☐ Yes, one surgery
☐ Yes, more than one surgery
☐ No
-

If yes, when was your last low-back surgery?

- ☐ Less than 6 months ago
☐ 6 months or more, but less than 1 year ago
☐ between 1 and 2 years ago
☐ More than 2 years ago
-

Did any of your low-back surgeries involve a spinal fusion (also called an arthrodesis)?

- ☐ Yes
☐ No
☐ Not sure

Pain interference**In the past 7 days...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
How much did pain interfere with your day-to-day activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much did pain interfere with work around the home? (e.g., garden work, renovations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much did pain interfere with your ability to participate in social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much did pain interfere with your household chores? (e.g., house cleaning, vacuuming)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used any of the following treatments for your low-back pain?

	Yes I am currently using this treatment	Yes, I have used this treatment in the past but stopped	No	Not sure
Opioids painkillers (prescription medications such as Codeine, Dilaudid, Duragesic, Fentanyl, Hydromorphone, Methadone, Morphine, Oxycodone, Tramadol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infiltrations/Injections (such as epidural steroids injections, facet injections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological counseling (such as cognitive-behavioral therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next two questions are for people who normally work outside the home

	Yes	No	Does not apply
I have been off work or unemployed for 1 month or more due to low-back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I receive or have applied for disability or workers' compensation benefits because I am unable to work due to low-back pain

☐☐☐

Physical function

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to do chores such as vacuuming or yard work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go up and down stairs at a normal pace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go for a walk of at least 15 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to run errands and shop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
I felt worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sleep disturbance

In the past 7 days...

	Very poor	Poor	Fair	Good	Very good
My sleep quality was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was refreshing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I had a problem with my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It's not really safe for a person with my low-back problem to be physically active.

- ☐ Agree
☐ Disagree

I feel that my low-back pain is terrible and it's never going to get any better.

- ☐ Agree
☐ Disagree

Are you involved in a lawsuit or legal claim related to your low-back problem?

- ☐ Yes
☐ No
☐ Not sure

In the past year...

	Never	Rarely	Sometimes	Often
have you consumed alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt you wanted or needed to cut down on your drinking or drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Age (0-120 years) :

Racial, ethnic or cultural origins (mark more than one answer if applicable) :

Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)?

- ☐ No, not an aboriginal person
☐ Yes, First Nations - North American Indian
☐ Yes, Métis
☐ Yes, Inuk (Inuit)

Are you?

- ☐ White
- ☐ South asian - e.g., East Indian, Pakistani, Sri Lankan
- ☐ Chinese
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ Arab
- ☐ Southeast Asian - e.g., Vietnamese, Cambodian, Malaysian, Laotian
- ☐ West Asian - e.g., Iranian, Afghan
- ☐ Korean
- ☐ Japanese
- ☐ Other:

(please specify)

Employment status (mark more than one answer if applicable):

- ☐ Working now full time
- ☐ Working now part-time
- ☐ Looking for work, unemployed
- ☐ Sick leave or maternity leave
- ☐ Disabled due to back pain, permanently or temporarily
- ☐ Disabled for reasons other than back pain
- ☐ Student
- ☐ Temporarily laid off
- ☐ Retired
- ☐ Keeping house
- ☐ Unknown
- ☐ Other:

(please specify)

Education level (select the highest level attained):

- ☐ No high school diploma
- ☐ High school (secondary school) diploma or equivalent
- ☐ Registered apprenticeship or other trades certificate or diploma (e.g., hairstyling, cooking, electrician, carpentry, etc.)
- ☐ College, CEGEP or other non-university certificate or diploma (e.g., accounting technology, industrial engineering technology, legal assistant, pre-university program, etc.)
- ☐ University certificate or diploma below bachelor's level (e.g., undergraduate certificate)
- ☐ Bachelor's degree (e.g., B.A., B.A. (Hons.), B.Sc., B.Ed., LL.B.)
- ☐ University certificate or diploma above bachelor's level (e.g., D.E.S.S., Short Graduate Program)
- ☐ Master's degree (e.g., M.A., M.Sc., M.Ed., M.B.A.)
- ☐ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- ☐ Doctorate (e.g., Ph.D., Psy.D, Ed.D.)

How would you describe your cigarette smoking?

- ☐ Never smoked
- ☐ Current smoker
- ☐ Used to smoke, but have now quit

Height:

In feet/inches (e.g., 5'6) :

Or

In centimeters (cm) :

Weight:

In pounds (lbs) :

Or

In kilograms (kg) :

Questionnaire DN4

Please complete this questionnaire by ticking one answer for each item in the 2 questions below

Does the pain have one or more of the following characteristics?

Yes

No

Burning	<input type="radio"/>	<input type="radio"/>
Painful cold	<input type="radio"/>	<input type="radio"/>
Electric shocks	<input type="radio"/>	<input type="radio"/>

Is the pain associated with one or more of the following symptoms in the same area

	Yes	No
Tingling	<input type="radio"/>	<input type="radio"/>
Pins and needles	<input type="radio"/>	<input type="radio"/>
Numbness	<input type="radio"/>	<input type="radio"/>
Itching	<input type="radio"/>	<input type="radio"/>

Health Questionnaire EQ-5D-5L

Under each heading, please tick the one box that best describes your health TODAY

Mobility

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I am unable to walk about

Self-care

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problem doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

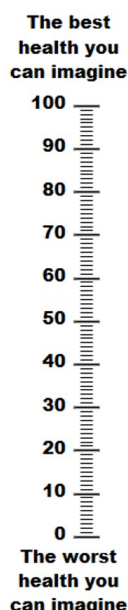
Pain / Discomfort

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

Anxiety / Depression

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine.



Now, please write the number that indicates how your health is TODAY in the box below:

Common health problems

The following is a list of common problems.

Please indicate if you currently have the problem in the first column.

If you do not have the problem, skip to the next problem.

If you do have the problem, please indicate in the second column if you receive medications of some other type of treatment for the problem. In the third column indicate if the problem limits any of your activities.

Finally indicate all medical conditions that are not listed under "Other medical problem" at the end of the page.

I have this problem

I receive treatment for this problem

This problem limits my activities

Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcer or stomach disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anemia or other blood disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoarthritis, degenerative arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medical problem 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medical problem 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have indicated that you have other medical problems, please specify:

Health care and medication use

We would like to know more about your use of health care services (e.g. hospital, clinics and private doctor 's office consultations) and consumption of prescribed medications. In order to collect this information, we are asking for your permission to match your answers on this questionnaire with data from the Régie de l'assurance maladie du Québec (RAMQ) and, if applicable, from your private or group health insurance. Information that will be matched from these databases will remain strictly confidential and will only be used for research purposes.

If you agree, an authorized research team member will provide the RAMQ with your first and last names, date of birth, sex, health insurance number (RAMQ), and information about your private or group health insurance (if applicable). This information will also be sent to reMed, a research team that automatically receives data on medications from electronic service providers of community pharmacies so that patients can be reimbursed for their insurance claims. This will make it possible for us to obtain information regarding your use of health care services and prescribed medications over the past year and over the upcoming year.

All transfers of information will be done via registered mail and secured electronic files. The research team will then match the different databases. In order to protect your identity and confidentiality of your personal information, all identifying information will be permanently removed from the database matching and you will only be identified using a participant ID.

Do you consent to this matching process?

☐ Yes ☐ No

If yes, please complete the following section:

First name:

Last name:

Date of birth (year-month-day):

For example: 1975-02-29

Email adress

Phone number

Please write your health care number, as it appears on your
Quebec health insurance card (RAMQ):



Over the previous year, did you have a private or group insurance plan for your prescribed medications?

- ☐ Yes
☐ No

What is the name of your private or group insurance company?

Please refer to your insurance plan card. What is the insurer's number (carrier ID, ID Rx (medical prescription) or insurance company number):

What is the number of your group policy (policy, contract) as it appears on your card?

What is your personal identification number (certificate, client, or participant number) as it appears on your card?

How many prescriptions for medication (including renewals) do you typically purchase at the pharmacy per month (that you purchase for yourself only)?

How many prescriptions for medication (including renewals) do you typically purchase at the pharmacy per year (that you purchase for yourself only)?

Thank you for participating in the study!

We will contact you soon

Supplementary Appendix 2

Administration and psychometric properties of self-reported validated scales included in the Core dataset of the Quebec Back Pain Study

Name of questionnaire	Reference	Domains measured	Target population	Number of items	Type of scale	Window of time covered by the question	Computed scores	Range of scores	Interpretation of scores	Reliability	Validity	French-Canadian version available
National Institutes of Health Research Task Force on Research Standards for Chronic Low Back Pain – Canadian cultural adaptation	Original questionnaire: ¹ Deyo et al. 2014 Canadian adaptation: ² Lacasse et al. 2017	LBP characteristics (chronicity, frequency, PROMIS intensity scale*, sciatica)	Adults – suffering from low back pain	4	Multiple choice & Likert scale	6m (frequency) 7d (intensity) 2wks (sciatica)	n/a	n/a	Answers taken at face value	Not available	Not available	² Lacasse et al. 2017
		Comorbid painful conditions		1	Likert scale for each of the 4 sub-items	4wks	n/a	n/a	Answers taken at face value	Not available	Not available	
		History of LBP surgical interventions		3	Multiple choice	n/a	n/a	n/a	Answers taken at face value	Not available	Not available	
		Pain interference (PROMIS scale*)		4	Likert scale	7d	Sum all items	4-20	Higher scores indicate higher levels of pain interference	$\alpha = 0.92^3$	Higher scores among those with high levels of pain catastrophizing and those on worker's	

Name of questionnaire	Reference	Domains measured	Target population	Number of items	Type of scale	Window of time covered by the question	Computed scores	Range of scores	Interpretation of scores	Reliability	Validity	French-Canadian version available
											compensation ($p < 0.001$) ³	
		LBP treatments		1	Yes/no/unsure for each of the 4 sub-items	None specified	n/a	n/a	Answers taken at face value	Not available	Not available	
		LBP-related workplace (absenteeism, benefits)		2	Agree/disagree/ or n/a	1m	n/a	n/a	Answers taken at face value	Not available	Not available	
		Physical function (PROMIS scale*)		4	Likert scale	None specified	Sum all items	4-20	Higher scores indicate higher levels of physical functioning	$\alpha = 0.86^3$	Lower scores among those with high levels of pain catastrophizing and those on worker's compensation ($p < 0.001$) ³	
		Emotional distress/depression		4	Likert scale	7d	Sum all items	4-20	Higher scores indicate higher levels of emotional distress	$\alpha = 0.92^3$	Higher scores among those with high levels of pain catastrophizing and those on worker's	

Name of questionnaire	Reference	Domains measured	Target population	Number of items	Type of scale	Window of time covered by the question	Computed scores	Range of scores	Interpretation of scores	Reliability	Validity	French-Canadian version available
											compensation ($p < 0.001$) ³	
		Sleep disturbance		4	Likert scale	7d	Sum all items	4-20	Higher scores indicate higher levels of sleep disturbances	$\alpha = 0.81^3$	Higher scores among those with high levels of pain catastrophizing and those on worker's compensation ($p < 0.001$) ³	
		Kinesiophobia		1	Agree/disagree	None specified	n/a	n/a	Present/absent	n/a	Not available	
		Catastrophizing		1	Agree/disagree	None specified	n/a	n/a	Present/absent	n/a	Not available	
		LBP-related lawsuits and legal claims		1	Agree/disagree	None specified	n/a	n/a	Present/absent	n/a	n/a	
		Substance abuse		2	Likert scale	1yr	n/a	n/a	n/a	n/a	n/a	
		Sociodemographic profile		6	Multiple choice (except for age)	n/a	n/a	n/a	n/a	n/a	n/a	
		Smoking status		1	Multiple choice	n/a	n/a	n/a	Never, past or current smoker	n/a	n/a	
		Obesity		1	Height/weight	n/a	Kg/m ²	n/a	Not specified	n/a	n/a	

Name of questionnaire	Reference	Domains measured	Target population	Number of items	Type of scale	Window of time covered by the question	Computed scores	Range of scores	Interpretation of scores	Reliability	Validity	French-Canadian version available
					open question							
		Impact score		9	Likert scale	None specified	Sum all PROMIS items presented previously *	8-50	8-27 = mild impact 28-34 = moderate impact ≥35 = severe impact	Responsiveness effect size (change/baseline) = 0.69 ¹	$r = 0.661$ - 0.806 with measures of pain disability ¹	
Douleur neuropathique en 4 questions - DN4 (7 self-reported items only)	Bouhassira et al. 2015	Neuropathic component of pain	Adults – suffering from pain	7	Yes/no	None specified	Sum all items (Yes = 1; No = 0)	0-7	≥ 4 suggests presence of neuropathic pain	Sensitivity range: 74-100% Specificity range: 45-100% ⁴	Satisfactory criterion, content and construct validity ⁴	Original questionnaire in French
EQ-5D-5L	⁵ Herdman et al. 2011	Health related quality of life (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) and global health state	Adults – general population	6	5-point Likert scales (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) and 0-100 visual	Today	An individual health state is defined by combining responses from each of the 5 first items (3125 possible 5-digit code health states). States can then be converted into single index values such as preference weights, preference-based values, utilities, QALY weights	Variable depending on the type of index value chosen	Variable depending on the type of index value chosen	n/a as scores are often interpreted individually per category	Adequate convergent and discriminant validity ⁶	French version for Canada (EuroQol) Group © https://cloudfront.ualberta.ca/-/media/medicine/departments/division-of-critical-care/documents/research-documents/canada-french-eq5d5l-paper-self-complete.pdf

Name of questionnaire	Reference	Domains measured	Target population	Number of items	Type of scale	Window of time covered by the question	Computed scores	Range of scores	Interpretation of scores	Reliability	Validity	French-Canadian version available
					analogue scale (global health state)		The 0-100 global health state visual analogue scale can be used directly					
Self-Administered Comorbidity Questionnaire (SCQ)	⁷ Sangha et al. 2003	Presence, treatment and interference of 13 medical conditions (heart disease, high blood pressure, lung disease, ulcer/stomach disease, kidney disease, liver disease, blood disease, cancer, depression, osteoarthritis/degenerative arthritis, back pain, rheumatoid arthritis), and 2 optional other medical problems. Medical conditions were chosen according to their frequency in general practice and commonly used comorbidity	Adults – general population	15	Yes/no	Currently	Sum all items (yes = 1; no = 0) An individual can receive a maximum of 3 points for each medical condition (1 for the presence of the problem, 1 if a treatment is received, 1 if the problem causes a limitation in functioning)	0-45	Higher scores indicate higher impact of comorbidities	Good test-retest reliability ($r = 0.81$) ⁷	Moderate correlation with the Charlson index ($r = 0.55$) Good convergence validity (hospitalizations in previous year $r = 0.31$ - 0.37 ; prescription medications $r = 0.50$ - 0.57 ; OTC medications $r = 0.46$ - 0.54). ⁷	For the purposes of this study, the SCQ was adapted in French using the integral translation of medical conditions. In our opinion, no in-depth cross-cultural adaptation was necessary since idiomatic, experiential, and conceptual equivalence were not a challenge with such types of items.

Name of questionnaire	Reference	Domains measured	Target population	Number of items	Type of scale	Window of time covered by the question	Computed scores	Range of scores	Interpretation of scores	Reliability	Validity	French-Canadian version available
		instruments such as the Charlson Index, the Cumulative Illness Rating Scale (CIRS), and the Index of Co-existent Disease (ICED)										

SR: self-report administration; wks: weeks; m: months; d: days; yr: years; n/a: not applicable; *PROMIS = Patient-Reported Outcomes Measurement Information System.

1. Deyo RA, Dworkin SF, Amtmann D, et al. Focus article report of the NIH task force on research standards for chronic low back pain. *Clin J Pain*. 2014;30(8):701-712.
2. Lacasse A, Roy JS, Parent AJ, et al. The Canadian minimum dataset for chronic low back pain research: a cross-cultural adaptation of the National Institutes of Health Task Force Research Standards. *CMAJ open*. 2017;5(1):E237-e248.
3. Deyo RA, Katrina R, Buckley DI, et al. Performance of a Patient Reported Outcomes Measurement Information System (PROMIS) Short Form in Older Adults with Chronic Musculoskeletal Pain. *Pain Med*. 2016;17(2):314-324.
4. Mathieson S, Maher CG, Terwee CB, Folly de Campos T, Lin CW. Neuropathic pain screening questionnaires have limited measurement properties. A systematic review. *J Clin Epidemiol*. 2015;68(8):957-966.
5. Herdman M, Gudex C, Lloyd A, et al. Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). *Qual Life Res*. 2011;20(10):1727-1736.
6. Janssen MF, Pickard AS, Golicki D, et al. Measurement properties of the EQ-5D-5L compared to the EQ-5D-3L across eight patient groups: a multi-country study. *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation*. 2013;22(7):1717-1727.
7. Sangha O, Stucki G, Liang MH, Fossel AH, Katz JN. The Self-Administered Comorbidity Questionnaire: a new method to assess comorbidity for clinical and health services research. *Arthritis Rheum*. 2003;49(2):156-163.