## Prospective Spine Treatment Outcomes Study (ProSTOS) Baseline Patient Information

Daseline Latterii Irijor mattor	
STATUS MOUTCOMES ASSESSMENT SYSTEM	Event
To be completed by the PATIENT	
<b>Directions:</b> Answer every question by filling in the correct circle of completely erase the incorrect mark and fill in the correct circle. I	r writing in the information. If you need to change an answer, f you are unsure about how to answer a question, please give the
best answer you can. Mark only one answer for each question ur	eless instructed otherwise.
Today's Date (MM/DD/YY)  Shade circles like this:	357 For best results, please avoid
Not like this:	contact with the outline of boxes.
Last Name First Name	MI FOR OFFICE USE ONLY
	Physician's Name:
Street Address	
	Medical Record Number
City State	Zip Code
Home Phone Date of Birth (MM	/DD/YYYY) Sex M/F Last 4 digits of Social Security Number
(	/ XXX - XX -
Would you prefer to complete your surveys on-line?	) No.
If yes, provide your e-mail address.	No E-mail (example: johndoe@abc.com)
01. What was your work status prior to your illness or injury?	04. If 'Currently working', does your current occupation include:
Working (including homemaker or self-employed)	○ N/A
On paid leave/disability due to current back problem	Heavy physical labor - lifting over 50 lbs
On unpaid leave/disability due to current back problem	Moderate physical labor - lifting between 30 and 50 lbs
<ul> <li>Unemployed or student - not working</li> </ul>	Minimal physical labor - lifting 5 to 10 lbs
Retired not due to back problem	<ul><li>No physical labor (desk job)</li><li>05. If disabled and/or retired due to back problems, how</li></ul>
Retired due to back problem	long has it been since you last worked?
02. What is your current work status?	○ N/A
Currently working (including homemaker or self-employed)	C Less than 6 months
On paid leave/disability due to current back problem	○ 6 months up to 1 year
On unpaid leave/disability due to current back problem	1 year up to 2 years
<ul> <li>Unemployed or student - not working</li> </ul>	More than 2 years
Retired not due to back problem	06. Does pain affect your ability to work?
Retired due to back problem	○ Yes ○ No
03. If 'Currently working', do you work:  N/A	07. Are you currently seeking or receiving Workers' Compensation for your neck/back problem?
Full-time - restricted activity	○ Yes ○ No
Full-time - unrestricted activity	08. Have you been, or are you currently, involved in a lawsuit
Part-time - restricted activity	because of your neck/back problem?
Part-time - unrestricted activity	○ Yes ○ No
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responsible for the compliance with relevant federal, state, and local laws.

Name (Last, First, Middle Initial)

Identification Number





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