SUPPLEMENTAL FILE

Primary Spine Care Patient Survey

This brief survey will ask about your preferences, beliefs, and experiences with low back pain treatment. The survey should take approximately 15 minutes to complete. Please answer all questions as best as you can. Thank you for your participation!

Demographic Questions:
Age:
Sex:
□ Female □ Male □ Decline to answer
What is your Ethnicity? (Please select the most appropriate answer).
☐ Hispanic, Latino, or Spanish origin
□ NOT Hispanic, Latino, or Spanish
□ Unknown
☐ Decline to answer
How do you describe yourself? (Please select the most appropriate answer). ☐ American Indian or Alaska Native
□ Asian
☐ White or Caucasian
☐ Black or African American
□ Native Hawaiian or other Pacific Islander
☐ More than one race
☐ Hispanic
□ Unknown
□ Decline to answer
□ Other
What is the highest level of education you completed? (Please check the most appropriate answer).
☐ Did not complete high school
☐ High School/GED

I Some college
l Bachelor's Degree
I Master's Degree
Advanced Graduate Work or Ph.D.
the last 12 months, approximately how many visits have you made to this office for low back pain? (1, 2, 3,):
references & Experience with Chiropractic Care
he next set of questions ask about your preferences and experiences with seeing a chiropractic physician for www.back.pain. Please select the best response.
 Which of the following best describes your personal experience with a chiropractor for low back pain? I have been to a chiropractor in the last 3 months for low back pain
☐ I have been to a chiropractor in the last 4 to 6 months for low back pain
☐ I have not been to a chiropractor in the last year for low back pain
☐ I have not been to a chiropractor in the last 3 years for low back pain
☐ I have never been to a chiropractor as a patient for low back pain
2. If you have been to a chiropractor as a patient for low back pain in the last 6 months, how many visits have you had?1 to 6 visits in the last 6 months
☐ 7 to 12 visits in the last 6 months
☐ 13 to 18 visits in the last 6 months
☐ more than 18 visits in the last 6 months
□ Not Applicable
3. In general, I have been satisfied with the chiropractic care I have received.
Strongly disagree Disagree Undecided Agree Strongly agree
A chiropractor is the first healthcare provider I want to see about my general health.
Strongly disagree Disagree Undecided Agree Strongly agree

Preferences & Experience with Conventional Care

The next set of questions ask about your preferences and experiences with seeing a medical doctor (or primary care physician) for low back pain. Please select the best response.

5. Which of the follow back pain?	wing best desc	ribes your persona	l experience w	ith a primary care phy	sician for low
☐ I have seen a prin	nary care phys	ician in the last 3 m	nonths for low b	oack pain	
☐ I have seen a prin	nary care phys	ician in the last 4 to	6 months for	low back pain	
☐ I have not been to	a primary car	e physician for low	back pain in th	e last year	
☐ I have not seen a	primary care p	hysician for low ba	ck pain in the l	ast 3 years	
☐ I have never beer	to a primary o	are physician for lo	ow back pain		
6. If you have been to many visits have you		re physician as a p	atient for low b	ack pain in the last 6	months, how
☐ 1 to 6 visits in the	last 6 months				
☐ 7 to 12 visits in the	e last 6 months	3			
☐ 12 to 18 visits in t	he last 6 month	ns			
☐ 18 visits or more i	n the last 6 mo	nths			
☐ Not Applicable					
7. In general, I have	been satisfied	with the medical ca	are I have rece	ived for my low back p	pain.
Strongly disagree	Disagree	Undecided	Agree	Strongly agree	
0	0	0	0	O	
8. A primary care ph	ysician is the fi	rst healthcare prov	rider I want to s	see about my general	health.
Strongly disagree	Disagree	Undecided	Agree	Strongly agree	
0	0	0	0	0	

•		nysician as a patient	t in the last 6 mo	onths, were you presc	ribed pain
medication for your lo	w back pain?				
☐ Yes					
□ No					
☐ Do not know/Not S	ure				
□ Not Applicable					
10. If yes, did you fill	your prescription	ns?			
☐ Yes					
□ No					
☐ Do not know/Not S	ure				
11. In general, I have	been satisfied v	with the prescription	drug therapy I	have received for low	back pain.
§					
Strongly disagree	Disagree	Undecided	Agree	Strongly agree	
0	0	0	0_	0	

Use of Prescription Medications

The next set of questions ask about your use of prescription medications for low back pain. Please select the best answer.

12. Have you used prescription medications for low back pain?
☐ Yes, regularly to manage pain
☐ Yes, on occasion or as needed for pain management
☐ No, I generally do not take medications for pain management
☐ Do not know/Not Sure
☐ Not Applicable
If yes, please indicate medication(s) used (check all that apply).
☐ Acetaminophen/Codeine
□ Butalbital
□ Codeine Sulfate
□ Cyclobenzaprine
□ Fentanyl
☐ Dihydrocodeine
☐ Hydrocodone/Acetaminophen
☐ Hydrocodone/Ibuprofen
☐ Hydromorphone
☐ Methadone
☐ Morphine (Morphine Sulfate)
☐ Oxycodone (Oxycodone/Aspirin, Oxycodone/Acetaminophen, Oxycodone/Ibuprofen)
☐ Opana (Oxymorphone Hydrochloride)
□Tramadol (Tramadol Hydrochloride/Acetaminophen)
☐ Hydrocodone or Tylenol with codeine
☐ Ibuprofen (prescription)
☐ Vicodin or Vicodin ES (or Lortab, Norco)
☐ Prescription-only NSAIDS (e.g., Voltaren, Celebrex, Mobic, Relafen)
☐ Muscle Relaxants (e.g., Flexeril, Zanaflex, Lioresal, Soma)
☐ Morphine (e.g., Kadian, MS Contin, MorphaBond, Roxanol)
☐ Oxycodone (e.g., OxyContin, Percocet)
☐ CBT (Cognitive Behavioral Therapy)
☐ Medical Marijuana
□ Other
☐ Do not know/Not sure
☐ I have not taken medications for low back pain

14. How often did you take these prescribed medications? Note: If you used multiple medications for low back pain, please estimate the average frequency of use.
□ Every day
□ 5-6 days per week
□ 3-4 days per week
☐ 2 days per week
☐ 1 day per week
☐ Less often
☐ Do not know/Not sure
□ Not Applicable

Beliefs & Behaviors about Taking Prescription Medication

The next set of questions ask about your beliefs and behaviors about taking prescription medication for low back pain. Please select the best response.

	Disagree	Undecided	Agree	Strongly agree
0	0	0	0	0

The next set of questions ask about your beliefs regarding treatment(s) for low back pain. Please answer as best as possible.

Your Beliefs about Treatments for Low Back Pain:

Please check the circle under the statement that most closely represents your belief.

Disagree	Undecided	Agree	Strongly agree
0	0	0	0
escription drug	gs for back pain ma	kes a lot of sen	nse
Disagree	Undecided	Agree	Strongly agree
0	0	0	0
chiropractor fo	r back pain is prett	y useless	
Disagree	Undecided	Agree	Strongly agree
0	0	0	0
escriptions drug	gs are pretty useles	s for people wi	th back pain
Disagree	Undecided	Agree	Strongly agree
0	0	0	0
about taking/ha	aving prescription c	drugs for my ba	ack pain
Disagree	Undecided	Agree	Strongly agree
0	0	0	0
70.00			
niropractic care	e would be a suitable	le treatment fo	or my back pain
niropractic care	would be a suitabl	le treatment fo	or my back pain Strongly agree
A CARROLL STORM		W/03/45/45017	000 / 1100 / 100 /
Disagree		Agree	Strongly agree
	Disagree Chiropractor fo	Disagree Undecided Chiropractor for back pain is pretty Disagree Undecided Chiropractor for back pain is pretty Disagree Undecided Chiropractor for material back pain is pretty Disagree Undecided Chiropractor for material back pain is pretty Disagree Undecided Chiropractor for material back pain is pretty Disagree Undecided Chiropractor for material back pain is pretty Disagree Undecided Chiropractor for material back pain is pretty Disagree Undecided Chiropractor for material back pain is pretty useles.	Chiropractor for back pain is pretty useless Disagree Undecided Agree Scriptions drugs are pretty useless for people with the property of th