



Outsides to Application	In-tV-1 A	Control of the late
Question in Application	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page
Sex at Birth	Male	introduction text on this page. Required & Not Customizeable
Height	Female	Required & Not Customizeable
Weight		Required - can customize whether you want BMI calculation shown on
Gender Pronouns Display & Text		screen or not to participant Optional - be default this question is hidden
Ethnicity	White	Required - can customize the page introduction text that reads by default
(Always available)	Black or African American Hispanic or Latino	'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information
	Asian	to increase the accuracy of your assessment:'
	American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	
	Other Unknown/no answer	
Race	White	Optional additional question
(Only populated if Detailed Race/Ethnic Origin option selected)	Black or African American Asian	
	American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	
	Other	
Ethnic Origin	Unknown/no answer Not Hispanic or Latino	Optional additional question
(Only populated if Detailed Race/Ethnic Origin option selected)	Hispanic or Latino	
Do you use tobacco products?	Unknown/no answer No, never	Required and not customizeable
	No, last used more than a year ago No, last used in the past year	
	Yes	
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples)	Required and not customizeable
Describe your moderate activity in a typical week.	None of these x minutes per day	Required - can customize text in parentheses - default is '(walking,
	x days a week	biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered)	Required - can customize the wording of PCP ex/ 'primary care provider'
	Yes No	vs 'primary care physician'
Do you have a (specialist name)? Default: orthopedic specialist	I don't know (Not answered)	Optional additional question
Bo you have a (specialist harne): Default. Orthopedic specialist	Yes	Optional additional question
	No I don't know	
Is your provider part of {ORGANIZATION_NAME}?	No Yes	Optional additional question
	(not answered)	
Provider Name {label is customizable}	Provider Name	Optional additional question
	No	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes	Optional additional question
	No	Optional additional question Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered) Physician Name Neck	
Is your provider part of (ORGANIZATION_NAME)? Provider Name (label is customizable)	No Yes (not answered) Physician Name Neck Upper or mid back Lover back	Optional additional question
Is your provider part of (ORGANIZATION_NAME)? Provider Name (label is customizable)	No Yes (not answered) Physician Name Neck Upper or mid back	Optional additional question
Is your provider part of (ORGANIZATION_NAME)? Provider Name (label is customizable) What area of your spine is painful?	No Yes (not answered) Physician Name Neck Upper or mid back Lower back (not answered) Mild Midd Moderate	Optional additional question Required and not customizeable
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Is your provider part of (ORGANIZATION_NAME)? Provider Name (label is customizable) What area of your spine is painful?	No Yes (not answered) Physician Name Neck Upper or mid back Lower back (not answered) Mild Moderate Fairly severe Very severe Worst manageable (not answered) Pain traveling down my legs below the knee	Optional additional question Required and not customizeable
Is your provider part of (ORGANIZATION_NAME)? Provider Name (label is customizable) What area of your spine is painful? How intense is your spine pain right now?	No Yes (not answered) Physician Name Neck Upper or mid back Upper or mid back (not answered) Midd Moderate Fairly severe Vorst manageable (not answered)	Optional additional question Required and not customizeable Required and not customizeable
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Is your provider part of (ORGANEZATION_NAME)? Provider Name (label is customizable) What area of your spine is painful? How intense is your spine pain right now? Do you have any of the following spinal pain symptoms? Do you have any of the following spinal nerve-related symptoms? Do you have any of these other symptoms? Do you have any of these other symptoms? Do you have any of these spinal pain symptoms? Do you have any of these other symptoms? Do you have any of these spinal pain symptoms? Family/Home Responsibilities (chores or duties performed around the house and errors or favors for other family members) Ulfe Support Activities (eating, sleeping, breathing) Recreation (hobbies, sports and other similar leisure activities)	No Yes (not answered) Physician Name Neck Upper or mid back Wester Width Midd Moderate Fairly severe Very severe Very severe Very severe Very severe Pair taveling down my legs below the knee Pain traveling down my legs below the knee Weskness or numbness in my buttock; thigh, leg, or pelvis Sudden loss of control over unine or stool (Incontinence) None of these Burning with urination or blood in unine Redness or swelling on the back or spine Unintentional weight loss None of these Unintentional weight loss None of these Difficulty walking, clumsiness or weakness Sudden loss of control over unine or stool (Incontinence) None of these Pain that gets progressively wone Pain that it worse when lie down or wakes me up at night Such severe pain that it cannot get comfortable None of these Discomfort or pressure in the chest Swollen glands or a lump in the neck Difficulty swallowing or breathing along with the pain A fever, headache & inability to touch chin to chest None of these 0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities 0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Optional additional question Required and not customizeable Required and not customizeable Required and not customizeable Required & Not Customizeable Required and not customizeable Required & Not Customizeable
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Is your provider part of (ORGANEZATION_NAME)? Provider Name (label is customizable) What area of your spine is painful? How intense is your spine pain right now? Do you have any of the following spinal pain symptoms? Do you have any of the following spinal nerve-related symptoms? Do you have any of these other symptoms? Do you have any of these other symptoms? Do you have any of these spinal pain symptoms? Do you have any of these spinal pain symptoms? Do you have any of these spinal pain symptoms? Family/Home Responsibilities (chores or duties performed around the house and errors or favors for other family members) Recreation (hobbies, sports and other similar leisure activities) Social Activities (activities with friends and acquaintances other than family members). Occupation (activities that are part of or directly related to one's job).	No Yes (not answered) Physician Name Neck Upper or mid back Lower back (not answered) Mid Moderate Fairly severe Very severe Worst manageable (not answered) Pain traveling down my legs below the knee Pain that is worse when II le down or wakes me up at night Severe pain that does not allow me to get comfortable History of back pain, but this episode is different/worse None of these Weakness or numbness in my buttocks, thigh, leg, or pelvis Sudden loss of control over urine or stool (incontinence) None of these Burning with urination or blood in urine Rendess or swelling on the back or spine Unexplained Fever with back pain Unintentional weight loss None of these Numbness, trigling, or weakness in my arms, hands, or legs Difficutly walking, clumsiness or weakness Sudden loss of control over urine or stool (incontinence) None of these Pain that gets progressively worse Pain that gets or or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swollen glands or a lump in the neck Discomfort or pressure in the chest Swolen glands or a lump in the neck Discomfort or pressure in the che	Optional additional question Required and not customizeable Required and not customizeable Required & Not Customizeable Required and not customizeable Required & Not Customizeable