Back & Neck HRA Questions

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 introduction text on this page.
Sex at Birth	Male Female	Required & Not Customizeable
Height		Required & Not Customizeable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment:'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizeable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizeable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, 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) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: orthopedic specialist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Physician Name	Optional additional question
What area of your spine is painful?	Neck Upper or mid back Lower back (not answered)	Required and not customizeable
How intense is your spine pain right now?	Mild Moderate Fairly severe Very severe Worst manageable (not answered)	Required and not customizeable
Do you have any of the following spinal pain symptoms?	Pain traveling down my legs below the knee Pain that is worse when I lie 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	Required and not customizeable
Do you have any of the following spinal nerve-related symptoms?	Weakness or numbness in my buttocks, thigh, leg, or pelvis Sudden loss of control over urine or stool (incontinence) None of these	Required & Not Customizeable
Do you have any of these other symptoms?	Burning with urination or blood in urine Redness or swelling on the back or spine Unexplained fever with back pain Unintentional weight loss None of these	Required and not customizeable
Do you have any of the following spinal nerve-related symptoms?	Numbness, tingling, or weakness in my arms, hands, or legs Difficulty walking, clumsiness or weakness Sudden loss of control over urine or stool (incontinence) None of these	Required and not customizeable
Do you have any of these spinal pain symptoms?	Pain that gets progressively worse Pain that is worse when I lie down or wakes me up at night Such severe pain that I cannot get comfortable None of these	Required and not customizeable
Do you have any of these other symptoms?	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	Required and not customizeable
Family/Home Responsibilities (chores or duties performed around the house and errors or favors for other family members)	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable
Life Support Activities (eating, sleeping, breathing)	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable
Recreation (hobbies, sports and other similar leisure activities)	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable
Social Activities (activities with friends and acquaintances other than family members).	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable
Occupation (activities that are part of or directly related to one's job).	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable
Sexual Behavior (frequency and quality of one's sex life)	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable
Self Care (activities which involve personal maintenance and independent daily living)	0 = pain doesn't limit activities at all, 10 = pain totally disrupts or prevents normal activities	Required & Not Customizeable