Supplementary Information

Title

Clinical Impact of Acute Symptomatic Vertebral Fractures in the United States: A Patient Survey and Chart Review

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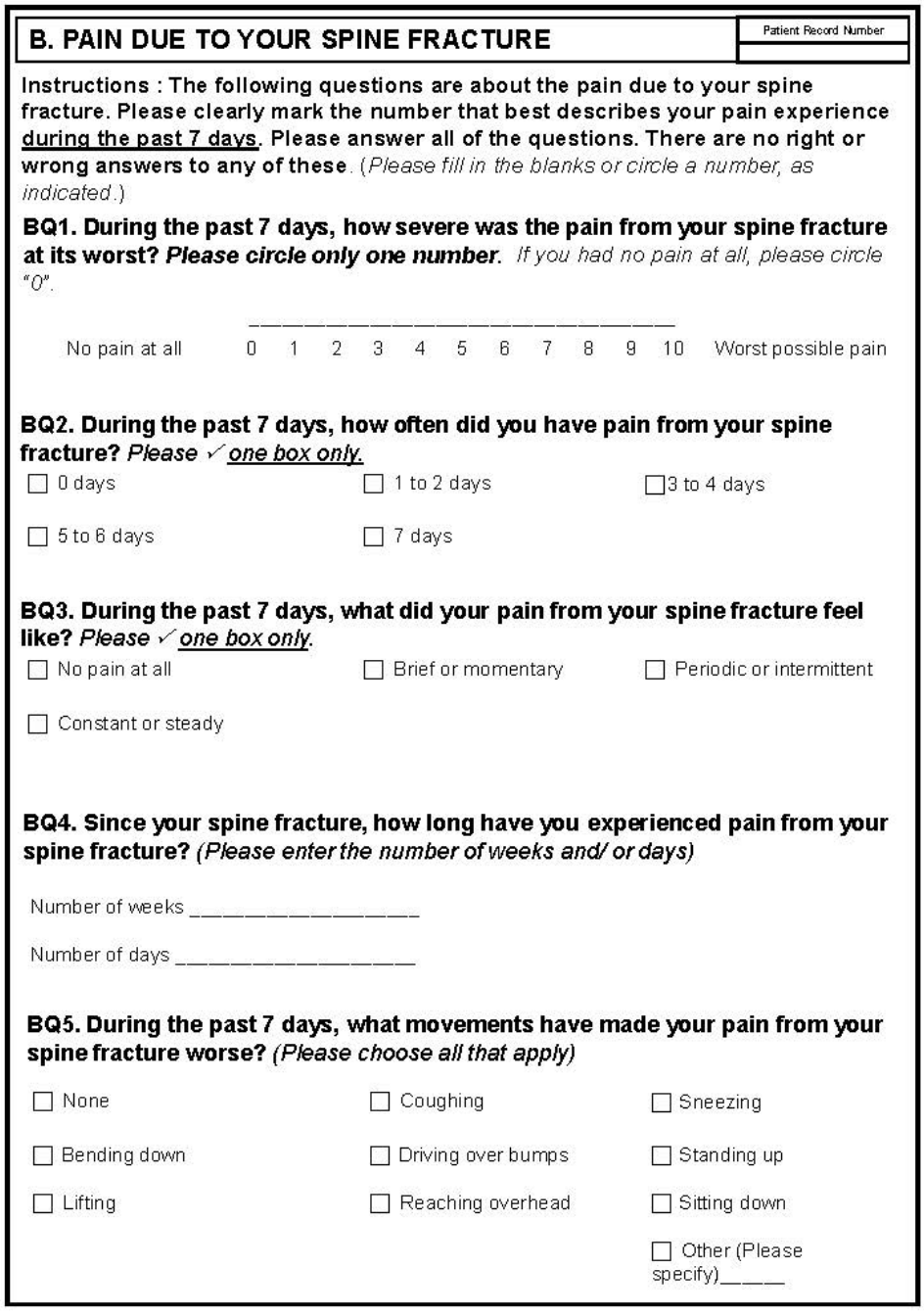
Supplementary information: 2 figures

Supplementary Fig. SI1 Section of the patient questionnaire used to collect self-reported level and characteristics of pain



B. PAIN DUE TO YOUR SPINE FRACTURE

Patient Record Number

Instructions : The following questions are about the pain due to your spine fracture. Please clearly mark the number that best describes your pain experience during the past 7 days. Please answer all of the questions. There are no right or wrong answers to any of these. (*Please fill in the blanks or circle a number, as indicated.*)

BQ1. During the past 7 days, how severe was the pain from your spine fracture at its worst? *Please circle only one number.* *If you had no pain at all, please circle "0".*

No pain at all 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

BQ2. During the past 7 days, how often did you have pain from your spine fracture? *Please ✓ one box only.*

☐ 0 days ☐ 1 to 2 days ☐ 3 to 4 days

☐ 5 to 6 days ☐ 7 days

BQ3. During the past 7 days, what did your pain from your spine fracture feel like? *Please ✓ one box only.*

☐ No pain at all ☐ Brief or momentary ☐ Periodic or intermittent

☐ Constant or steady

BQ4. Since your spine fracture, how long have you experienced pain from your spine fracture? *(Please enter the number of weeks and/ or days)*

Number of weeks _____

Number of days _____

BQ5. During the past 7 days, what movements have made your pain from your spine fracture worse? *(Please choose all that apply)*

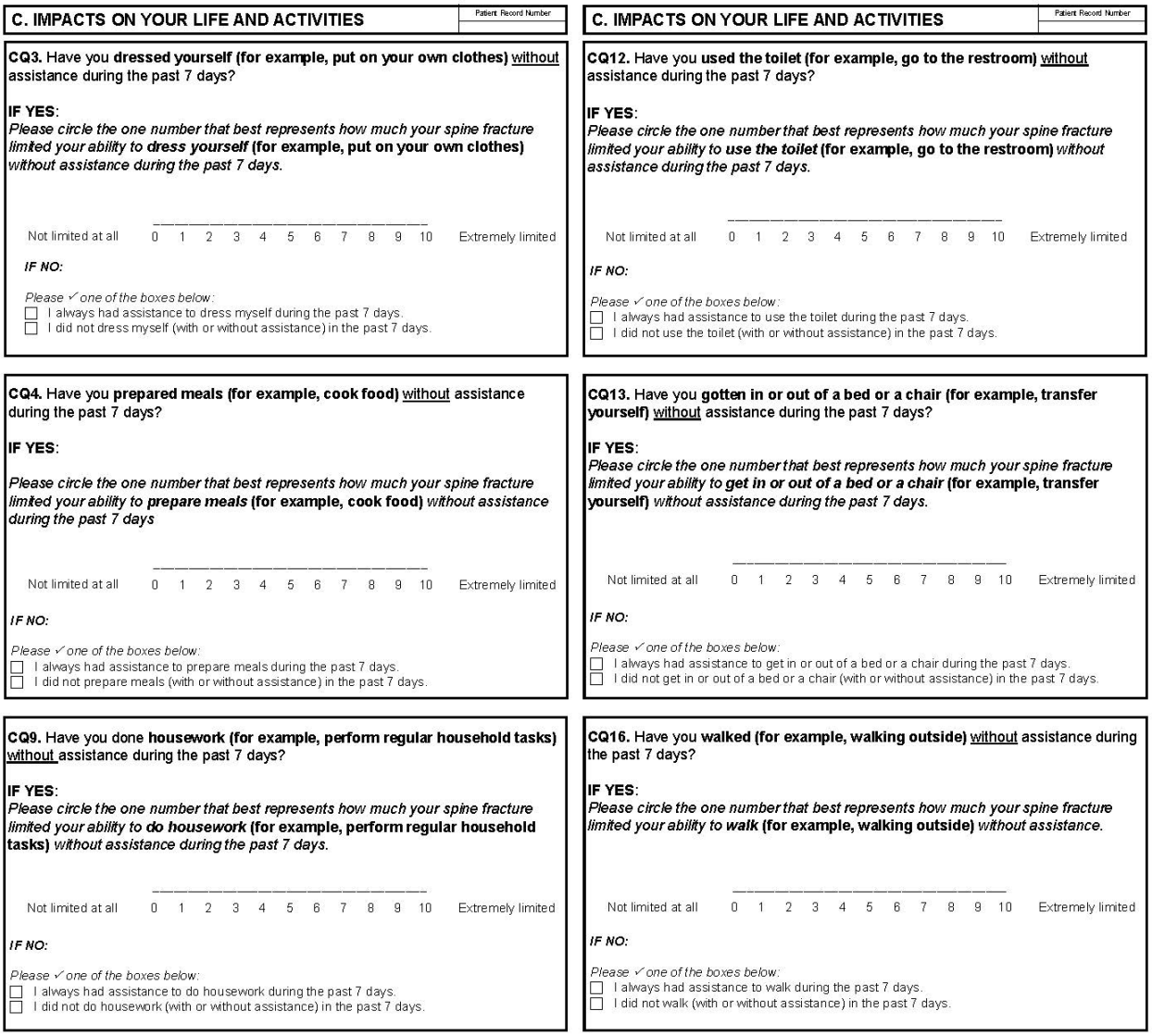
☐ None ☐ Coughing ☐ Sneezing

☐ Bending down ☐ Driving over bumps ☐ Standing up

☐ Lifting ☐ Reaching overhead ☐ Sitting down

☐ Other (Please specify)_____

Supplementary Fig. SI2 Section of the patient questionnaire used to collect self-reported limitations on ADLs



C. IMPACTS ON YOUR LIFE AND ACTIVITIES — Patient Record Number

CQ3. Have you **dressed yourself (for example, put on your own clothes)** without assistance during the past 7 days?

IF YES:
*Please circle the one number that best represents how much your spine fracture limited your ability to **dress yourself** (for example, put on your own clothes) without assistance during the past 7 days.*

Not limited at all 0 1 2 3 4 5 6 7 8 9 10 Extremely limited

IF NO:

Please ✓ one of the boxes below:
☐ I always had assistance to dress myself during the past 7 days.
☐ I did not dress myself (with or without assistance) in the past 7 days.

CQ4. Have you **prepared meals (for example, cook food)** without assistance during the past 7 days?

IF YES:

*Please circle the one number that best represents how much your spine fracture limited your ability to **prepare meals** (for example, cook food) without assistance during the past 7 days*

Not limited at all 0 1 2 3 4 5 6 7 8 9 10 Extremely limited

IF NO:

Please ✓ one of the boxes below:
☐ I always had assistance to prepare meals during the past 7 days.
☐ I did not prepare meals (with or without assistance) in the past 7 days.

CQ9. Have you done **housework (for example, perform regular household tasks)** without assistance during the past 7 days?

IF YES:
*Please circle the one number that best represents how much your spine fracture limited your ability to **do housework** (for example, perform regular household tasks) without assistance during the past 7 days.*

Not limited at all 0 1 2 3 4 5 6 7 8 9 10 Extremely limited

IF NO:

Please ✓ one of the boxes below:
☐ I always had assistance to do housework during the past 7 days.
☐ I did not do housework (with or without assistance) in the past 7 days.

C. IMPACTS ON YOUR LIFE AND ACTIVITIES — Patient Record Number

CQ12. Have you **used the toilet (for example, go to the restroom)** without assistance during the past 7 days?

IF YES:
*Please circle the one number that best represents how much your spine fracture limited your ability to **use the toilet** (for example, go to the restroom) without assistance during the past 7 days.*

Not limited at all 0 1 2 3 4 5 6 7 8 9 10 Extremely limited

IF NO:

Please ✓ one of the boxes below:
☐ I always had assistance to use the toilet during the past 7 days.
☐ I did not use the toilet (with or without assistance) in the past 7 days.

CQ13. Have you **gotten in or out of a bed or a chair (for example, transfer yourself)** without assistance during the past 7 days?

IF YES:
*Please circle the one number that best represents how much your spine fracture limited your ability to **get in or out of a bed or a chair** (for example, transfer yourself) without assistance during the past 7 days.*

Not limited at all 0 1 2 3 4 5 6 7 8 9 10 Extremely limited

IF NO:

Please ✓ one of the boxes below:
☐ I always had assistance to get in or out of a bed or a chair during the past 7 days.
☐ I did not get in or out of a bed or a chair (with or without assistance) in the past 7 days.

CQ16. Have you **walked (for example, walking outside)** without assistance during the past 7 days?

IF YES:
*Please circle the one number that best represents how much your spine fracture limited your ability to **walk** (for example, walking outside) without assistance.*

Not limited at all 0 1 2 3 4 5 6 7 8 9 10 Extremely limited

IF NO:

Please ✓ one of the boxes below:
☐ I always had assistance to walk during the past 7 days.
☐ I did not walk (with or without assistance) in the past 7 days.

ADL, activity of daily living.