

General Health Status		Spine-specific Status		Imaging		Type of Deformity	
Demographics	Comorbidities	Health Status	Neurologic Status	Radiograph	MRI	Etiology	
Age (≥18 y) <input type="text"/> (years)	<ul style="list-style-type: none"> Cardiopulmonary Deficit* <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No Depression* <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No Diabetes Mellitus* <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No Smoking Status <ul style="list-style-type: none"> <input type="radio"/> Yes, current-smoker <input type="radio"/> Yes, former smoker <input type="radio"/> No, never-smoker Obesity (BMI ≥30) <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No Osteoporosis* (radiologically confirmed) <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	Functional Ability <ul style="list-style-type: none"> ODI v2.1a (0-100) <input type="text"/> /100 	Neurological Impairment <ul style="list-style-type: none"> Radicular Pain <ul style="list-style-type: none"> <input type="radio"/> Yes with dermatome involvement <input type="radio"/> Yes with no specific dermatome involvement <input type="radio"/> No Motor Weakness <ul style="list-style-type: none"> <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant* <input type="radio"/> No Loss of Sensation <ul style="list-style-type: none"> <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant* <input type="radio"/> No 	Coronal Plane <ul style="list-style-type: none"> Curve type (SRS-Schwab) <ul style="list-style-type: none"> <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Double <input type="radio"/> No major coronal deformity Balance (Obeid Type) <ul style="list-style-type: none"> <input type="radio"/> 0 'Balanced' <input type="radio"/> 1&2 'Imbalanced' Largest Cobb Angle* (degree) <input type="text"/> (continuous) Documented Progression <ul style="list-style-type: none"> <input type="radio"/> Yes & <input type="text"/> (degrees) <input type="radio"/> No Alignment* (CSVL - C7PL) <input type="text"/> (mm) 	Neural Compression 'Stenosis'* <ul style="list-style-type: none"> <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant* <input type="radio"/> No 	(Aebi Classification: Type I, II or III) <ul style="list-style-type: none"> <input type="radio"/> I Primary degenerative 'de novo' <input type="radio"/> II Adult Idiopathic Scoliosis (AdIS) <input type="radio"/> III Secondary degenerative <ul style="list-style-type: none"> <u>Spine related</u> <ul style="list-style-type: none"> <input type="checkbox"/> Post-trauma <input type="checkbox"/> Post-tumor <input type="checkbox"/> Post-surgery AIS & other deformity <input type="checkbox"/> Scheuermann's <input type="checkbox"/> Congenital <input type="checkbox"/> Osteoporotic <input type="checkbox"/> Inflammatory disease <u>Motor control related</u> <ul style="list-style-type: none"> <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's disease 	
Gender <ul style="list-style-type: none"> <input type="radio"/> Female <input type="radio"/> Male 		Back Pain <ul style="list-style-type: none"> NPRS (0-10) <input type="text"/> /10 		Leg Pain <ul style="list-style-type: none"> NPRS (0-10) <input type="text"/> /10 			Sagittal Plane <ul style="list-style-type: none"> Pl* (degree) <input type="text"/> (continuous) PT* (degree) <input type="text"/> (continuous) LL* (degree) <input type="text"/> (continuous) SVA* (mm) <input type="text"/> (continuous) Compensated Spine* <ul style="list-style-type: none"> <input type="checkbox"/> Yes & at thoracic <input type="checkbox"/> Yes & at thoracolumbar <input type="checkbox"/> Yes & at lumbar <input type="checkbox"/> Yes & at sacropelvis <input type="radio"/> No
Social Support <ul style="list-style-type: none"> <input type="radio"/> Yes & informal care such as family / friends / neighbors <input type="radio"/> Yes & formal professional care such as home care <input type="radio"/> No 		HRQoL <ul style="list-style-type: none"> EQ5D-3L (1-3) <input type="text"/> /3, <input type="text"/> /3, <input type="text"/> /3, <input type="text"/> /3, <input type="text"/> /3 EQ VAS: 0-100 <input type="text"/> (Utility score§: -0.330-1.0) SRS-22r (1-5) <ul style="list-style-type: none"> <input type="text"/> /5 (Function) <input type="text"/> /5 (Pain) <input type="text"/> /5 (Self-Image) <input type="text"/> /5 (Mental Health) <input type="text"/> /5 (Satisfaction) <input type="text"/> /5 (Subtotal) <input type="text"/> /5 (Total) 		Expectations <input type="text"/> (CEQ item#)			
Physical Status <ul style="list-style-type: none"> <input type="radio"/> ASA 1 <input type="radio"/> ASA 2 <input type="radio"/> ASA 3 <input type="radio"/> ASA 4 	Frailty* <ul style="list-style-type: none"> <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant* <input type="radio"/> No 						

LEGEND

provides space for filling in appropriate value / number.

Indicates single-choice options. Please only tick one from the options.

Indicates multiple-choice options. Please tick whichever applies. Can be none.

* These items do not yet have a widely accepted measurement instrument in the literature. Please choose based on your own clinical expert opinion.

+ Clinically not relevant—referring to either not contributing to decision-making, or lacking correlation between imaging and clinical findings.

§ Please provide the score when it is available.

CEQ set 1 item 4: By the end of the treatment period, how much improvement in your symptoms do you think will occur? Answer options: 0; 10; 20; 30; 40; 50; 60; 70; 80; 90; 100% † SRS manual. Please indicate as positive or negative whenever applicable.

