

General Health Status		Spine-Specific Status		Imaging		Type of Deformity
Demographics	Comorbidities	Health Status	Neurologic Status	Radiograph	MRI	Etiology
Age (≥18 y) ____ (years)	Cardiopulmonary Deficit* <input type="radio"/> Yes <input type="radio"/> No	Functional Ability ODI v2.1a (0-100) ____ /100	Neurological Impairment Radicular pain <input type="radio"/> Yes with dermatome involvement <input type="radio"/> Yes with no specific dermatome involvement <input type="radio"/> No	Coronal plane Curve type (SRS-Schwab) <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Double <input type="radio"/> No major coronal deformity Balance (Obeid Type) <input type="radio"/> 0 'Balanced' <input type="radio"/> 1&2 'Imbalanced' Largest Cobb Angle† (degree) ____ (continuous)	Neural Compression 'Stenosis'* <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant† <input type="radio"/> No	Aebi Classification: Type I, II or III <input type="radio"/> I Primary degenerative 'de novo' <input type="radio"/> II Adult Idiopathic Scoliosis (AdIS) <input type="radio"/> III Secondary degenerative Spine related <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 Motor control related <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson
Gender <input type="radio"/> Female <input type="radio"/> Male	Depression* <input type="radio"/> Yes <input type="radio"/> No	Back Pain NPRS (0-10) ____ /10	Motor Weakness <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant† <input type="radio"/> No	Documented Progression <input type="radio"/> Yes & ____ (degrees) <input type="radio"/> No		
Social Support <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	Diabetes Mellitus* <input type="radio"/> Yes <input type="radio"/> No	Leg Pain NPRS (0-10) ____ /10	Loss of Sensation <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant† <input type="radio"/> No	Alignment‡ (CSVL - C7PL) ____ (mm)		
	Smoking Status <input type="radio"/> Yes, current-smoker <input type="radio"/> Yes, former smoker <input type="radio"/> No, never-smoker	HR-Q o L EQ5D-3L (1-3) ____ /3, ____ /3, ____ /3, ____ /3, ____ /3 ____ /100 (EQ VAS: 0-100) ____ (Utility score§: -0.330-1.0)		Sagittal plane Pl† (degree) ____ (continuous)		
	Obesity (BMI ≥30) <input type="radio"/> Yes <input type="radio"/> No	SRS-22r (1-5) ____ /5 (Function) ____ /5 (Pain) ____ /5 (Self-Image) ____ /5 (Mental Health) ____ /5 (Satisfaction) ____ /5 (Subtotal) ____ /5 (Total)		PT† (degree) ____ (continuous)		
	Osteoporosis* (radiologically confirmed) <input type="radio"/> Yes <input type="radio"/> No	Expectations ____ (CEQ item#)		LL‡ (degree) ____ (continuous)		
	Physical Status <input type="radio"/> ASA 1 <input type="radio"/> ASA 2 <input type="radio"/> ASA 3 <input type="radio"/> ASA 4	Previous Thoracolumbar Spine Surgery <input type="radio"/> Yes & ____ (number) <input type="radio"/> No		SVA‡ (mm) ____ (continuous)		
	Frailty* <input type="radio"/> Yes & clinically relevant <input type="radio"/> Yes & clinically not relevant† <input type="radio"/> No			Compensated Spine* <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		

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.

