**Appendix A:**

1. Are you currently having low back pain (pain complaint from medical record) pain today?
2. How would you score your back pain, right at this moment on a scale of zero to 10, zero being no pain at all, and 10 being the absolute worst pain imaginable?
3. How would you score your average pain over the past week on a scale of zero to 10, zero being no pain at all, and 10 being the absolute worst pain imaginable?
4. Is this the same pain you were treated for at the Pain Center?
5. How long were your symptoms of pain in that area resolved or improved after your RF nerve ablation procedure at the Pain Center? (days, weeks, months)
6. Can you quantify the amount of improvement in pain as a percentage? For example, is your pain 10% improved? 50% improved? 75% improved?
7. Has your physical function, like activities of daily living, exercise and leisure, or ability to physically function at work improved since the RF nerve ablation procedure at the Pain Center?
8. Can you quantify the amount of functional improvement as a percentage? For example, is your function 10% improved? 50% improved? 75% improved?
9. Did you see any other doctors or specialists to address your pain since you were last seen in the Pain Center?
10. Have you had any other procedures or surgeries for your back pain since you were last seen at the pain Medicine Center? Did they help?
11. Have you had any new diagnostic tests or xrays, CT, MRI or any other type of test for your back pain since you were last seen at the Pain Center for this same pain problem?
12. What medications do you take for this pain now? (include analgesics, NSAIDs, SNRI, TCA, topicals) What are the doses and how many do you use daily?