**Additional file 3** Checklist for electronic patient record data.

|  |  |  |
| --- | --- | --- |
| ID | | |
| Date of consent | | |
| First contacted professional:  physician/nurse and physician/physiotherapist/nurse alone | | |
|  | | |
| **Number of LBP-related appointments** | **3 months** | **12 months** |
| Physiotherapist |  |  |
| Nurse |  |  |
| Physician |  |  |
| Physiatrist |  |  |
| Orthopaedist |  |  |
|  |  |  |
| All primary care contacts |  |  |
| Number of LBP-related sick leave days |  |  |
|  | | |
| RTG (X-ray) yes/no |  |  |
| MRI yes/no |  |  |
| CT yes/no |  |  |