

Mobility Index and Chronic Low Back Pain Survey Results

Prepared for: 



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Background and Objectives

- To support its new public health awareness campaign, Vertos Medical commissioned The Harris Poll to conduct the *Mobility Matters: Low Back Pain in America* online survey to establish a Mobility Index and help determine the need for education about Lumbar Spinal Stenosis (LSS) and the enlarged ligament that can cause it. Specifically, the objectives of this research are to:
 - Establish a Mobility Index to determine baseline mobility by age cohort (among a gen pop sample of U.S. adults 18+)
 - Assess the impact of chronic lower back pain (CLBP) and LSS on overall mobility
 - Among those with chronic lower back pain:
 - Determine what types of healthcare providers, diagnostics, and treatments they have experience with
 - Assess overall attitudes about available treatments as well as interest in and effectiveness of various treatment options
 - Measure their knowledge of LSS
 - Understand the impact chronic low back pain has had on their lives



Research Method

**Audience:**

5,020 US adults 18+ (“Gen pop”), including **1,521** adults who currently experience chronic low back pain and/or sciatic pain (“CLBP sufferers”)

**Survey Timing:**

May 12– May 20, 2022

**Mode:**

5-minute online survey (Gen pop)
15-minute online survey (CLBP sufferers)

**Weighting:**

Data are weighted to ensure results are projectable to the U.S. adult population

Method Statement *(to be included in all press materials):*

The Mobility Matters: Low Back Pain in America survey was conducted online in the United States by The Harris Poll on behalf of Vertos Medical among 5,020 adults ages 18+, including 1,521 adults who currently experience chronic low back pain and/or sciatic pain, i.e., back pain that runs into the hips and legs (“CLBP sufferers”). The survey was conducted May 12 – May 20, 2022. Data are weighted where necessary by age, gender, race/ethnicity, region, education, household income, household size, and marital status to bring them in line with their actual proportions in the population.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within ± 1.7 percentage points using a 95% confidence level for the total sample of US adults, and ± 3.0 percentage points using a 95% confidence level for CLBP sufferers. This credible interval will be wider among subsets of the surveyed population of interest. All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.



Report Notes

In tables and charts:

- Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.
- An asterisk (*) in a data chart indicates a percentage greater than zero but less than 1%; a “ – ” indicates a value of zero.
- Results based on small samples (n<100) are too small to report quantitatively for PR and should be interpreted as directional only. These are noted with “*Caution, small base <100, results are directional in nature.”

Throughout this report:

- On slides where the Total, “With CLBP”, and “Without CLBP” are displayed, significant differences among those with and without CLBP are noted at the 95% confidence level using the letters “A” and “B”. For space constraints and/or readability, a generalized statement about significant differences may be included in place of the letters.
- Where appropriate, key highlights or statistically significant differences at the 95% confidence level between other subgroups of interest are noted throughout the detailed findings slides. Look for the icons below to denote these call outs.



Key age-cohort
subgroup finding



Key CLBP subgroup
finding

- Note that due to space limitations, not all significant differences among subgroups of interest are displayed and data to support call outs may be shown in the notes section. Full survey results for all subgroups are available in the data tables.
- Base labels, sizes, and question text are included within the notes section of each page for reference.
- We will refer to chronic low back pain as CLBP and adults who currently experience chronic low back pain and/or sciatic pain as “CLBP sufferers” and/or “With CLBP”



Key Findings



CLBP Experience and Diagnosis

Nearly 3 in 10 adults (28%) are currently experiencing chronic low back pain

- Around half say their CLB pain is moderate (48%), with more than one-third (36%) saying it is severe, very severe, or the worst pain possible; less than 2 in 10 say their pain is mild (15%)
- 78% have been experiencing CLBP for 1 year or more, with more than 2 in 5 (44%) having been experiencing it for 5+ years
- Half (49%) have seen a PCP and many (69%) have seen some other non-PCP healthcare provider, most commonly a physical therapist (30%) or chiropractor (30%). A similar proportion (31%) have seen a “spine health specialist” such as a pain specialist (22%), PM&R doctor (12%), interventional pain physician (6%), or physiatrist (3%)

78% of American adults with CLBP do not know an enlarged ligament can cause CLBP

- Only around 1 in 5 (22%) have ever been told by an HCP that CLBP can be caused by an enlarged ligament and only 2 in 5 (39%) have ever been told that CLBP can be caused by lumbar spinal stenosis – compare this to 54% who have been told by HCP that CLBP can be caused by osteoarthritis/aging



CLBP Experience and Diagnosis, contd.

Many experience and/or alleviate symptoms in manners consistent with neurogenic claudication (NC), but less than half have had the proper imaging to diagnose it

- 70% of CLBP sufferers say they often experience pain or numbness in their low back when standing or walking and 62% often experience pain, numbness, tingling, or heaviness in their legs or buttocks when standing or walking – with 50% saying they experience both
- The majority of CLBP sufferers say they sometimes alleviate their pain by sitting (81%), bending over/leaning forward (71%), or sleeping in the fetal position (63%) – with nearly all (94%) sometimes alleviating their pain in any one of these ways consistent with neurogenic claudication, and more than 2 in 5 (43%) doing all three
- Less than half (46%) have ever had an MRI to determine the cause of their CLBP; X-ray (56%) is the most common diagnostic tool CLBP sufferers say they have had
- 37% of CLBP sufferers have never been told by an HCP exactly what causes their CLBP

HCPs are not necessarily communicating the link between LSS and the enlarged ligament

- Despite so many experiencing and alleviating symptoms consistent with NC, few have been diagnosed with LSS or told about an enlarged ligament
- 17% of CLBP sufferers have been diagnosed with LSS, but even fewer have been told by an HCP that they have an enlarged ligament compressing the nerves in their spine (13%) and just 11% have been told by an HCP they have LSS caused by an enlarged ligament



CLBP Experience and Diagnosis, contd.

Many who have had the right imaging are still undiagnosed and unaware of the link between CLBP and enlarged ligament and most are not seeing the right HCP to interpret the results

- Among those who have ever had an MRI, X-ray, or CT scan:
 - Only half (49%) have ever been told by an HCP that CLBP can be caused by LSS
 - Even fewer, (27%) have been told by an HCP that CLBP can be caused by an enlarged ligament
 - Just 2 in 5 (42%) have seen a “spine health specialist” (i.e., a pain specialist, PM&R doctor, interventional pain physician, or physiatrist), the healthcare providers most likely to be trained to diagnose neurogenic claudication (NC)
 - Less than 1 in 4 (23%) have been diagnosed with LSS



CLBP Treatment

Many have taken medications or had treatments to address their CLBP but several admit it's been difficult to find a treatment that works well, most wish there were better treatment options, and there is fear and hesitancy around surgery

- Most (84%) have taken medication or had treatments/procedures to address their CLBP, mostly medications (77%), with the most common treatment by far being OTC NSAIDs (57%), followed distantly by prescription non-opioids or non-NSAIDs (38%), prescriptions NSAIDs (30%), and prescription opioids (30%)
 - 26% have done conservative or eastern medicine such as chiropractic adjustment, PT, or acupuncture
 - 21% have taken ESIs, and 77% of them have had more than one
 - 1 in 10 or less have had a specific procedure: Back surgery (10%), in-office procedure (8%), minimally invasive lumbar decompression procedure (5%), implants (4%)
- The vast majority of CLBP sufferers are currently treating their CLBP (73%) – by far most commonly with OTC NSAIDs (45%)
 - Less than one-quarter report currently using prescription non-opioids or non-NSAIDs (19%), prescription NSAIDs (12%), prescription opioids (15%), conservative or eastern medicine (13%), or ESIs (6%)
- Most of those who don't have experience with procedures like back surgery (55%) and minimally invasive lumbar decompression (59%) are “not sure” how effective they are, which suggests they likely do not have enough information to form an opinion and require more education on these treatment options
 - Further, only 39% have been told by an HCP that minimally invasive procedures administered by a specialized healthcare provider can address their CLBP
- 84% wish there were better treatment options to address their CLBP and 70% say it has been difficult to find a treatment that works well to ease their CLBP. And, while 62% say they would do anything to help ease their CLBP, 79% have concerns about having surgery to address it and 64% would not consider major surgery at all



CLBP Impact

CLBP has negatively impacted nearly every aspect of people's lives, including their overall mobility

- Most say their CLBP has interfered with their ability to complete everyday tasks (76%), primarily by making it more difficult (63%); only a minority say it has prevented them from doing them altogether (13%)
- CLBP has most commonly negatively impacted CLBP sufferers' ability to exercise (63% major/moderate negative impact), stand (63%) or walk (58%) for long periods of time, and their ability to get a good night's sleep (55%)
 - 53% say their CLBP has had a major/moderate negative impact on their overall quality of life, but 78% have accepted their CLBP as part of their life
- Nearly 2 in 5 CLBP sufferers (37%) self-rate their mobility as poor or fair, with more than half finding it very/somewhat difficult to perform certain activities such as jogging (70%), getting up and down from the floor (58%), sleeping through the night comfortably (58%), standing for more than 30 minutes (58%), and walking 1+ mile (55%)
- Just one-third of CLBP sufferers (36%) say they can often make it through the day without any physical pain at all (compared to 75% of those without CLBP). Further, around 6 in 10 or more say they struggle to do daily activities without taking a break (58% vs. 33% no CLBP), often accomplish less than they would like due to physical limitations (66% vs. 38% no CLBP), or that they can usually complete basic everyday tasks but are often in pain the next day (72% vs. 39% no CLBP)
- The average mobility index for a CLBP sufferer is 57, compared to 76 among those without CLBP. In fact, an 18-29 year-old CLBP sufferer (65) has roughly the equivalent mobility of the average 80+ year old (65)



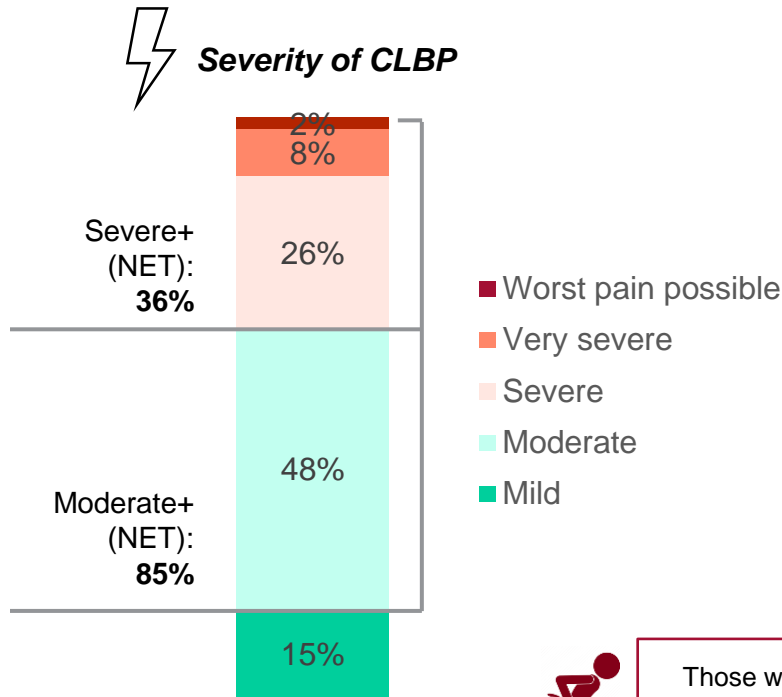
Detailed Findings



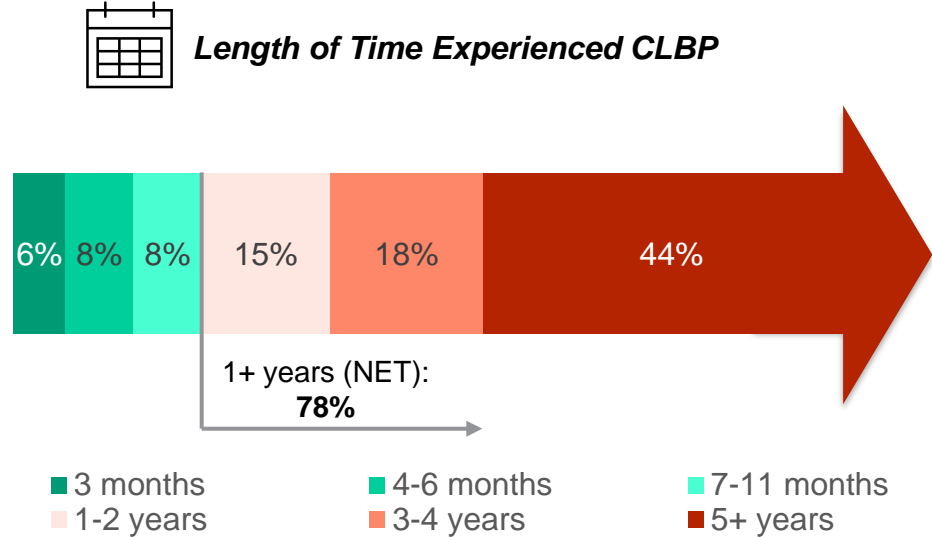
CLBP Experiences and Diagnosis



Most describe their CLBP as moderate to worst pain possible and have been dealing with it for at least one year



CLBP Experience

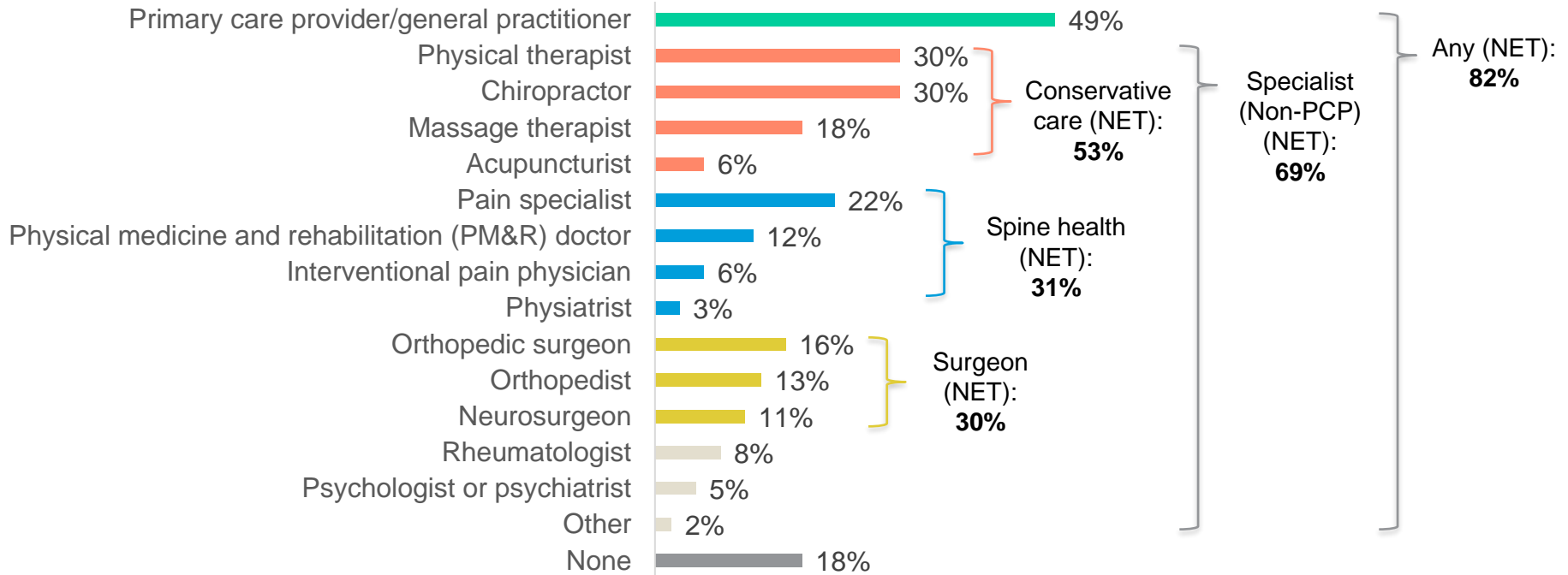


Those who have been experiencing CLBP longer are more likely to consider it severe+



Many have seen a specialist (non-PCP), mainly conservative care, but nearly 1 in 5 have never seen any HCP about their CLBP

HCP Seen for CLBP





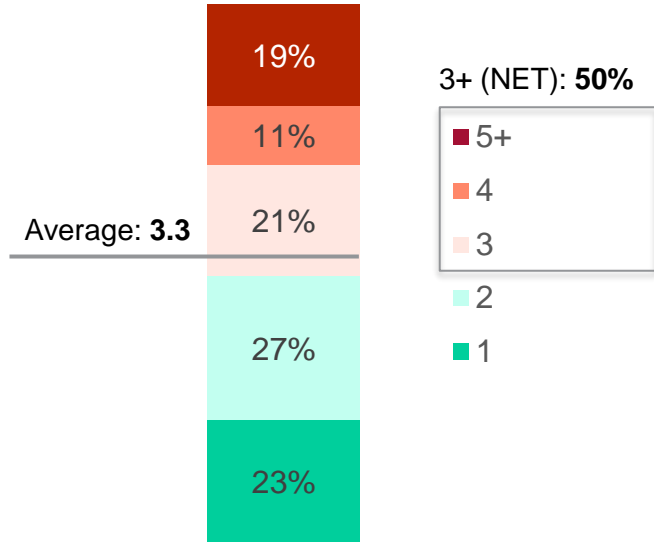
On average, CLBP sufferers have seen 3 HCPs to seek relief; most have seen one in the past 12 months, an average of 4 times

HCP Experience

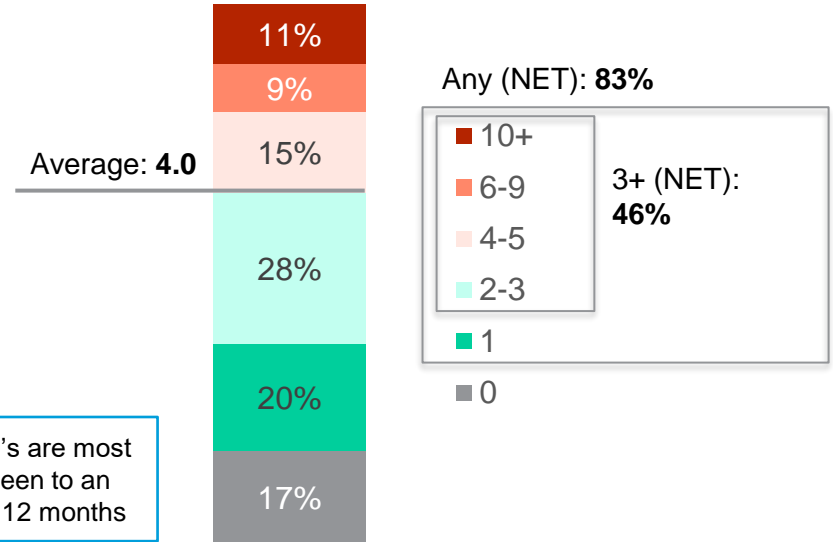
Among those who have ever seen an HCP for CLBP



Number of HCPs Ever Seen



Number of HCP Visits for CLBP in Past 12 Months



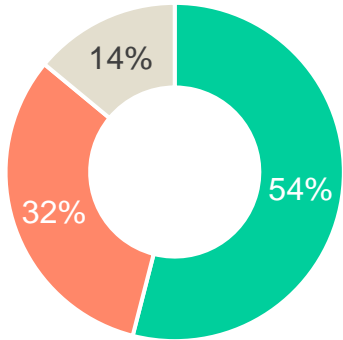
Those in their 40's are most likely to have been to an HCP in the past 12 months



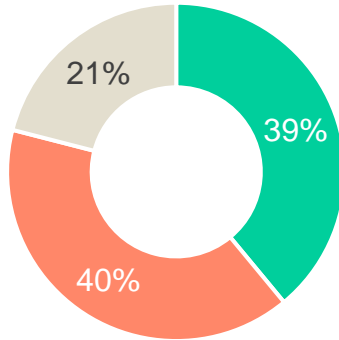
HCPs appear to discuss osteoarthritis/aging as a potential CLBP cause more so than LSS and particularly, the enlarged ligament that can cause LSS

Has an HCP Ever Told You...

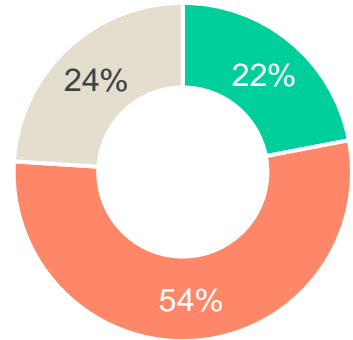
CLBP can be caused by osteoarthritis or aging



CLBP can be caused by lumbar spinal stenosis (LSS)



CLBP can be caused by an enlarged ligament



Younger generations (18-49) are more likely than the oldest generations (60-79) **to have been told CLBP can be caused by an enlarged ligament;** **older generations (50-79) are more likely** to have been told it can be caused by osteoarthritis/aging

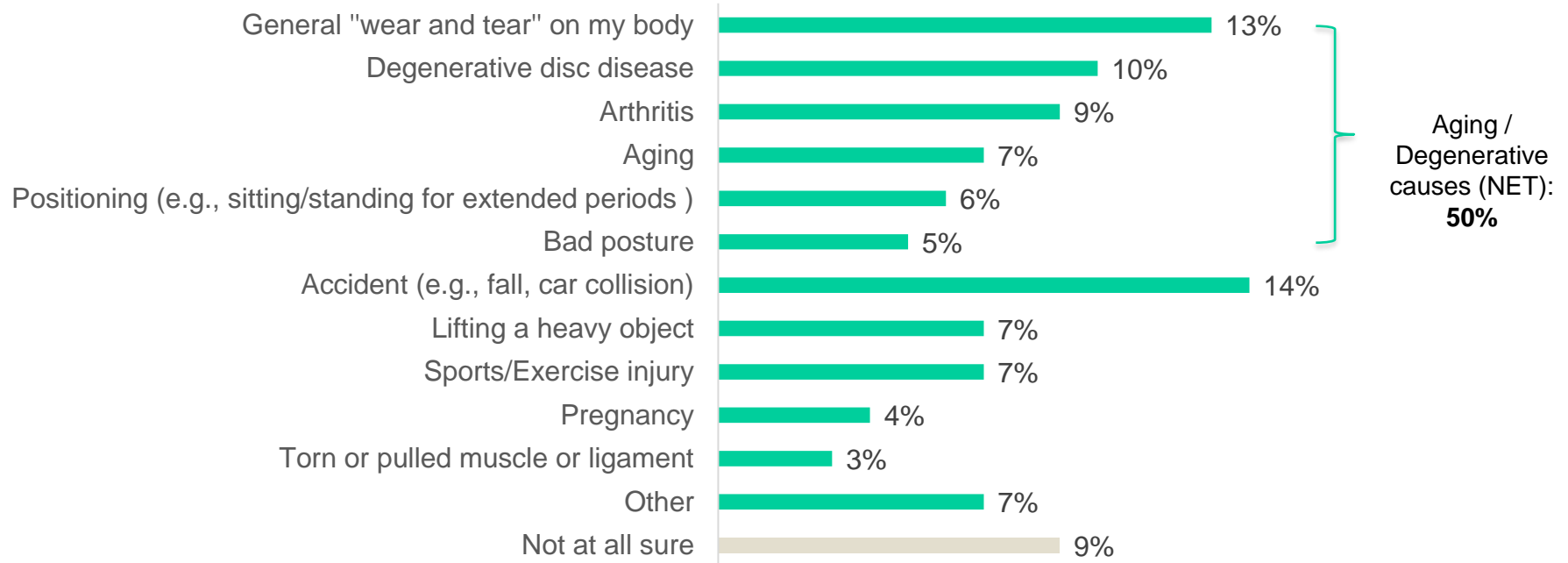
Only about **1 in 5** have been told by an HCP that an enlarged ligament could be the cause of their CLBP

■ Yes ■ No ■ Not sure



Perhaps unsurprisingly then, half relate their CLBP to aging or degenerative causes

Perception of Initial Cause of CLBP

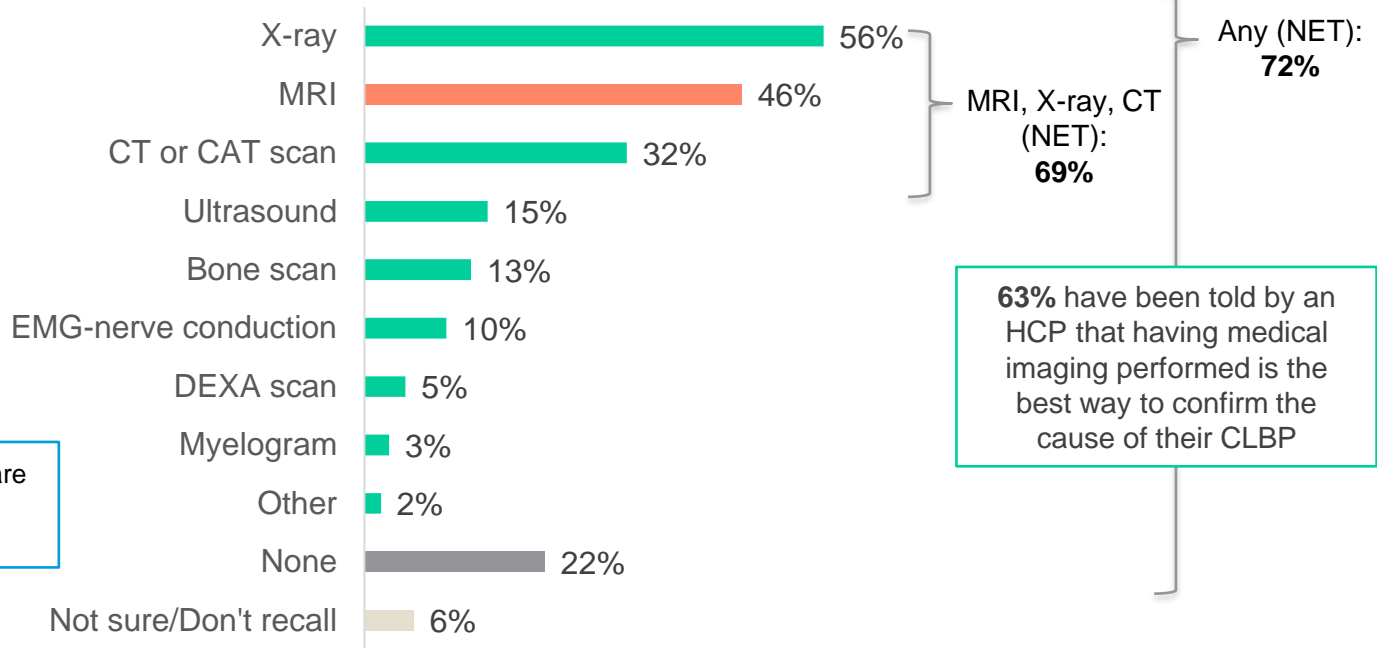




Nearly 3 in 4 have had imaging to determine the cause of the CLBP, but less than half have had an MRI and 2 in 5 are/were anxious about getting one

Diagnostic Imaging Had to Determine Cause of CLBP

41% strongly/somewhat agree that they were/would be anxious about having an MRI to determine the cause of their chronic low back/leg pain



63% have been told by an HCP that having medical imaging performed is the best way to confirm the cause of their CLBP

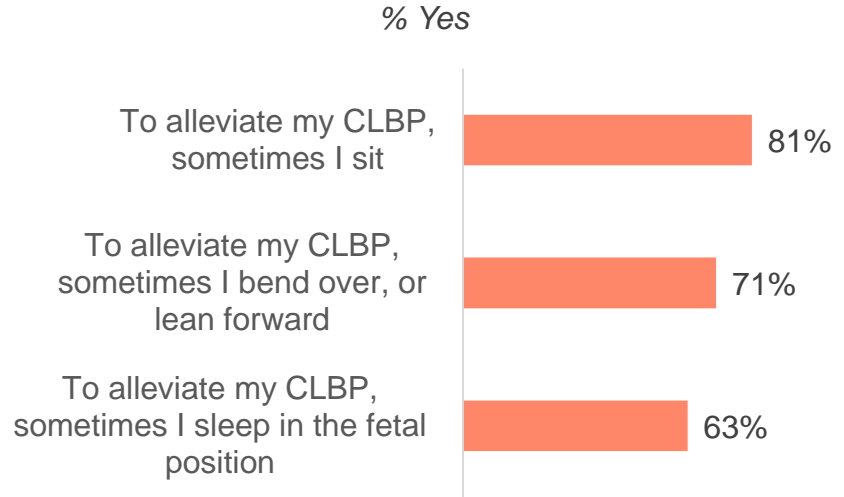
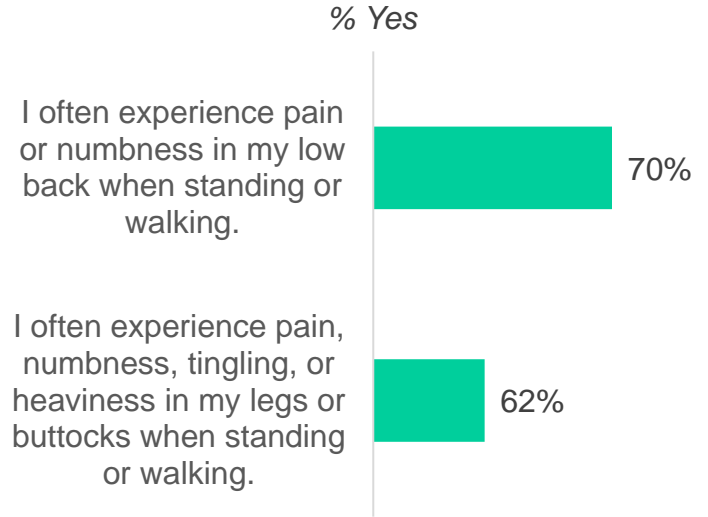
Younger generations (18-49) are less likely to have ever had imaging





Vast majorities of CLBP sufferers experience symptoms and alleviate them in ways consistent with neurogenic claudication (NC)

NC-Related Symptom and Alleviation Experiences



→ **82%** experience at least 1 symptom consistent with LSS
 → **50%** experience both

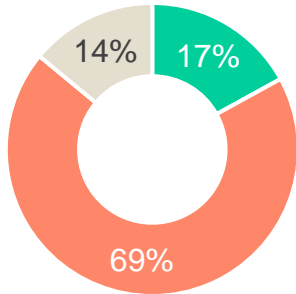
→ **94%** alleviate symptoms in at least 1 of these manners consistent with NC
 → **43%** alleviate their symptoms in all 3 of these ways



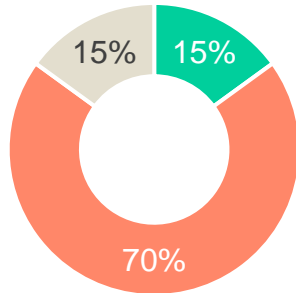
Despite so many experiencing and alleviating symptoms consistent with NC, few have been diagnosed with LSS or told about an enlarged ligament, suggesting HCPs may not be communicating the link between the two

LSS and Enlarged Ligament Diagnosis

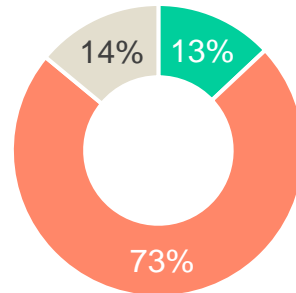
*I have been **diagnosed** with lumbar spinal stenosis (LSS) by an HCP*



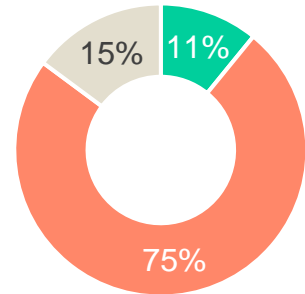
*I have had an **MRI** that shows I have an **enlarged ligament** compressing the nerves in my spine*



*I have been **told by an HCP** that I have an **enlarged ligament** compressing the nerves in my spine*



*I have been **told by an HCP** that I have lumbar spinal stenosis (LSS) caused by an **enlarged ligament***



■ Yes ■ No ■ Not sure

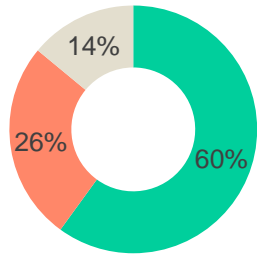


While those who have ever had an MRI are more likely than those who haven't to say "yes" to any of these, they are still a small minority (<30%), suggesting even with the right imaging many potential diagnoses are being missed



In fact, ~2 in 5 say an HCP has never told them the cause, with another nearly 1 in 5 not sure, despite it being understood that knowing the cause of CLBP is important

Importance of Knowing the Cause of CLBP



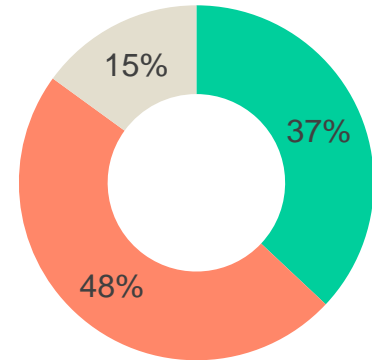
6 in 10 have been told by an HCP that knowing the cause can impact which treatment(s) may be appropriate

and

86% strongly/somewhat agree that it is important to know the specific cause of their CLBP so it can be managed effectively



Yet nearly 2 in 5 have never been told by an HCP exactly what causes their CLBP and nearly 1 in 5 aren't sure if they have



■ Yes ■ No ■ Not sure

33% of those who have had an MRI say they have never been told the cause of their CLBP

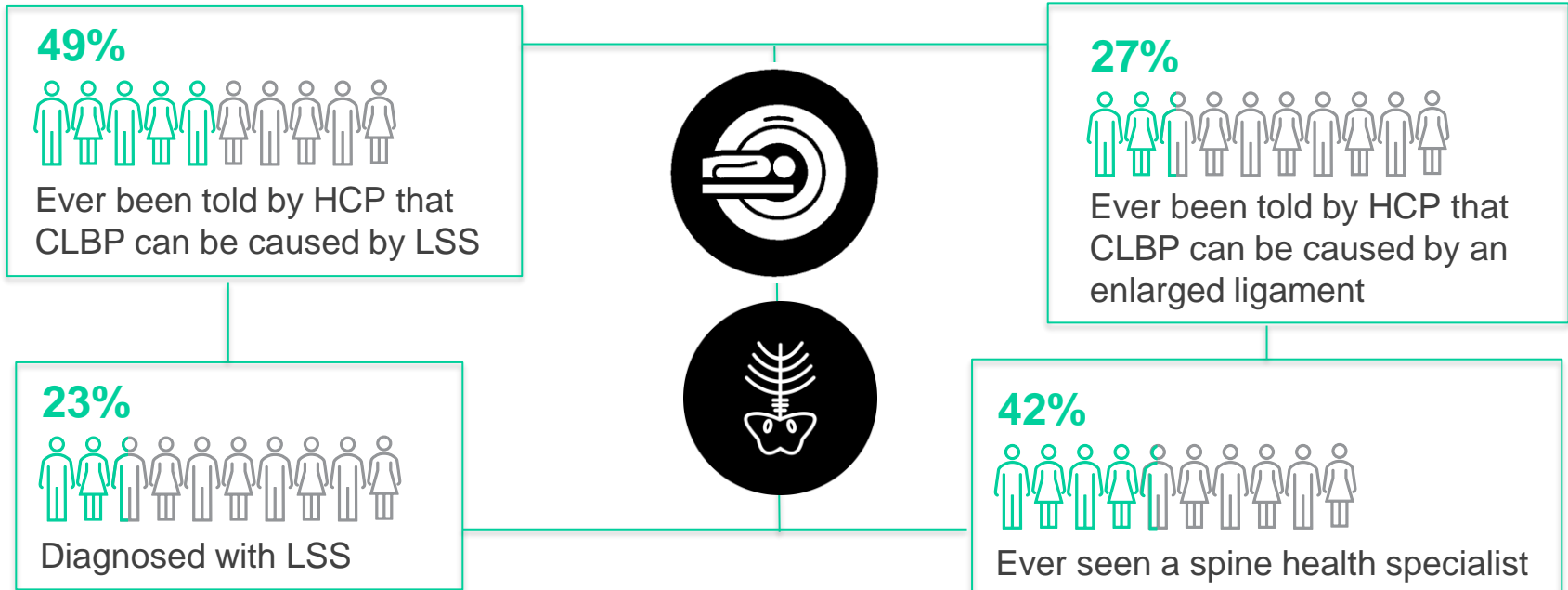




Many who have had the right imaging are undiagnosed and unaware of link between CLBP and enlarged ligament; most not seeing the right HCP to interpret results

Link Between Imaging and LSS Knowledge/Diagnosis

Among those who have ever had an MRI, X-ray, or CT to determine the cause of their CLBP





CLBP Treatment

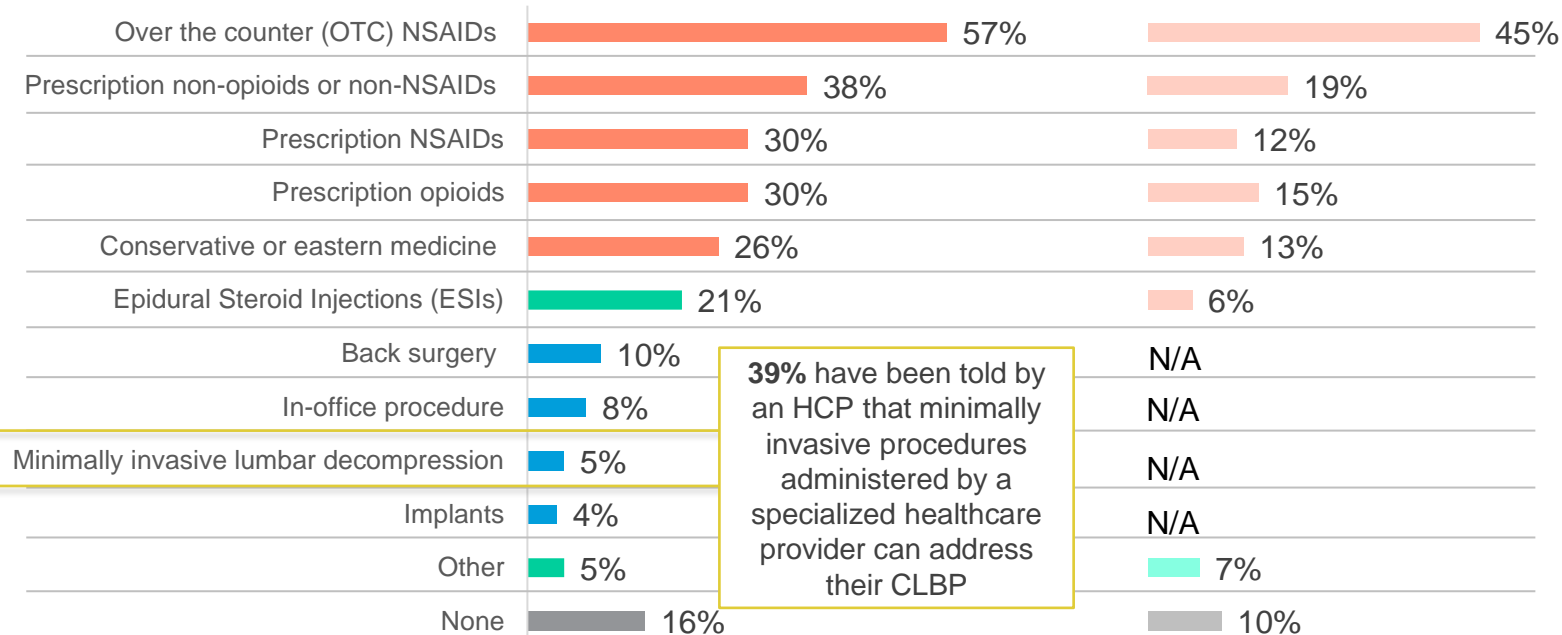


Most have had treatment to address CLBP, primarily OTC NSAIDs, with few having ever had a procedure

Treatment Experience

% Ever had/taken

% Currently doing/taking



Any (NET):
Ever: **84%**
Current: **73%**

Medication (NET):
Ever: **77%**
Current: **64%**

Procedure (NET):
Ever: **20%**

39% have been told by an HCP that minimally invasive procedures administered by a specialized healthcare provider can address their CLBP

35% of 18-29 year olds have never done or taken anything to address their CLBP (by far the most likely)



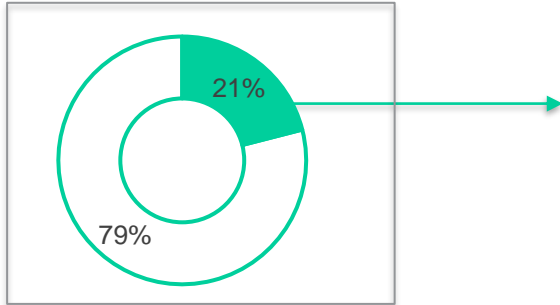


While few (~1 in 5) have had ESIs, most of those who have had an ESI, had more than one, with ~2 in 5 having had 5 or more

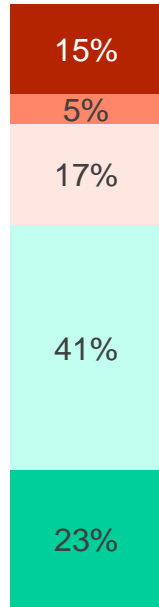
Number of Times Have Had ESIs

Among those who have ever had Epidural Steroid Injections (ESIs)

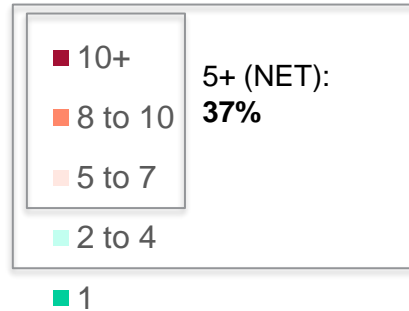
Ever had ESI



Older generations (60-79) are more likely than younger generations (18-49) to have ever had ESIs



More than once (NET): **77%**



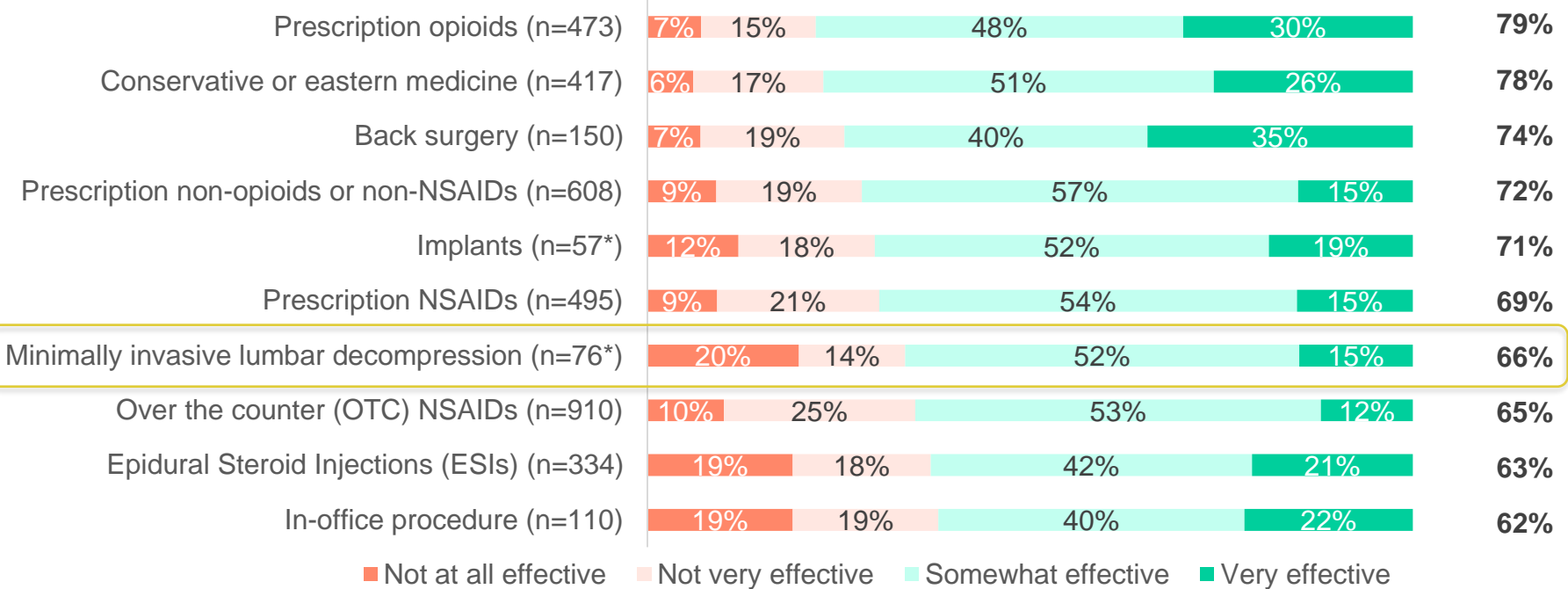


Majorities who have used a given treatment find it to be effective, but not strongly so

Effectiveness of Treatments

Among those who have used

T2B
(% very/somewhat effective)

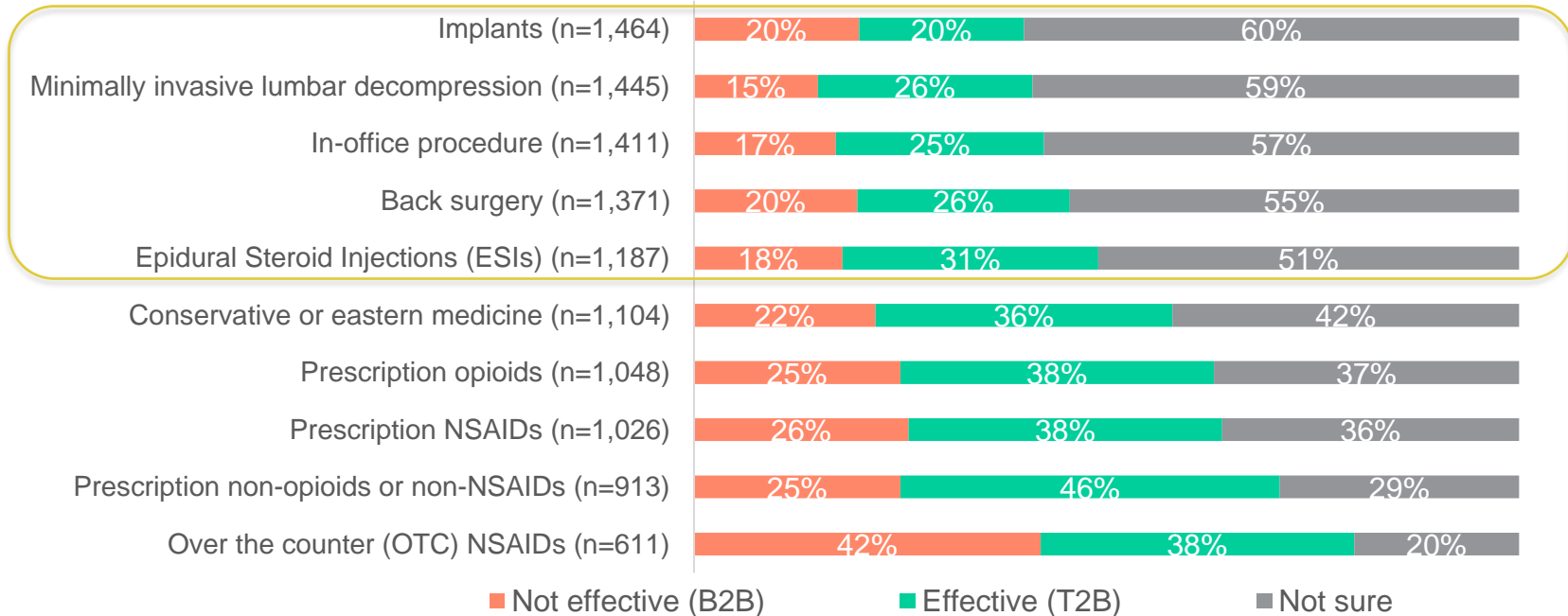




More than half who have never had a procedure or used ESIs aren't sure how effective they are, suggesting they don't have enough information to form an opinion and more education is warranted

Perceptions of Treatment Effectiveness

Among those who have NEVER used



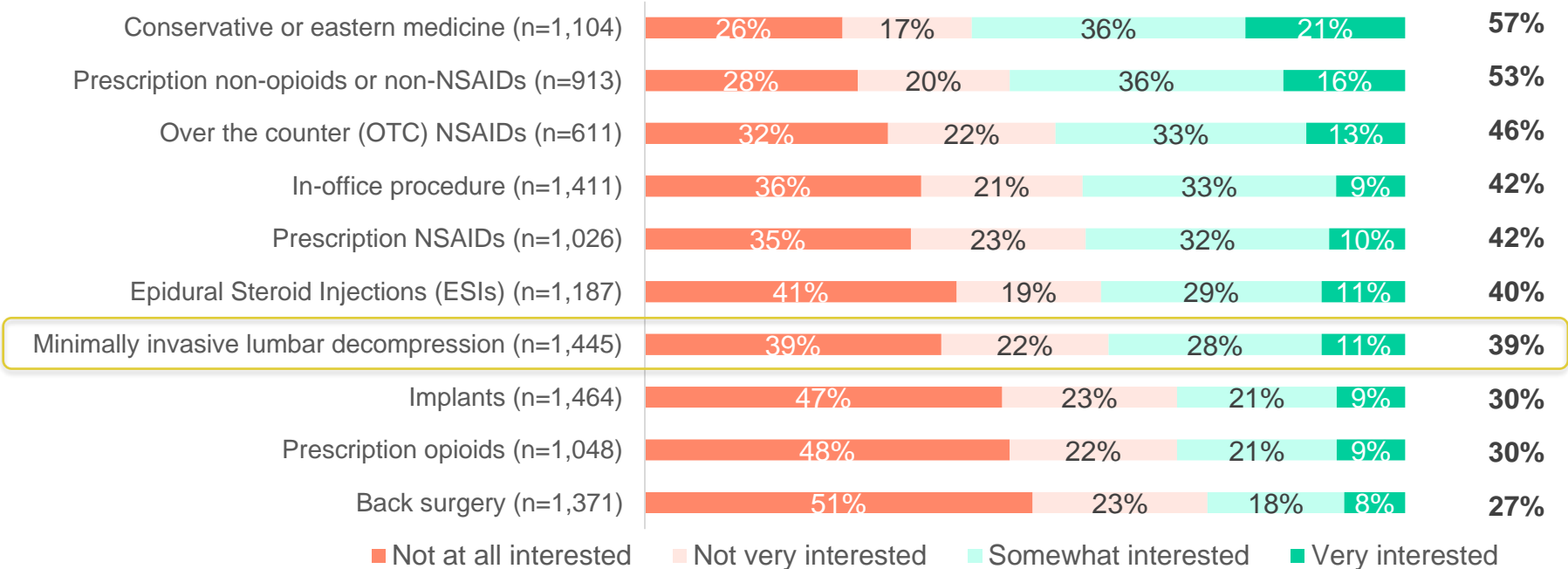


Around 2 in 5 who have never had minimally invasive lumbar decompression are interested in doing so

Interest in Taking Treatments

Among those who have NEVER used

T2B
(% very/somewhat interested)





Fear of and unwillingness to have surgery lingers, despite difficulty finding treatment that works well and desire for better options

Attitudes About CLBP Treatments

84%



I wish there were better treatment options to address my CLBP

70%



It has been difficult to find a treatment that works well to ease my CLBP

62%



I would do anything to help ease my CLBP

Yet



79%

Have concerns about having surgery to address their CLBP

and



64%

Would NOT consider major surgery to alleviate CLBP pain even if it was offered to them

% strongly/somewhat agree



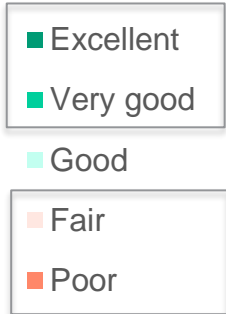
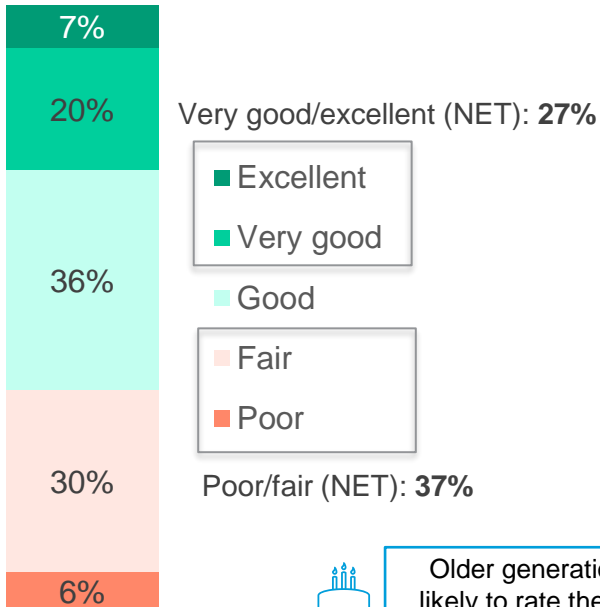
CLBP Impact



Nearly 2 in 5 CLBP sufferers rate their mobility as poor or fair, with more than half finding it difficult to perform certain activities including sleeping through the night comfortably

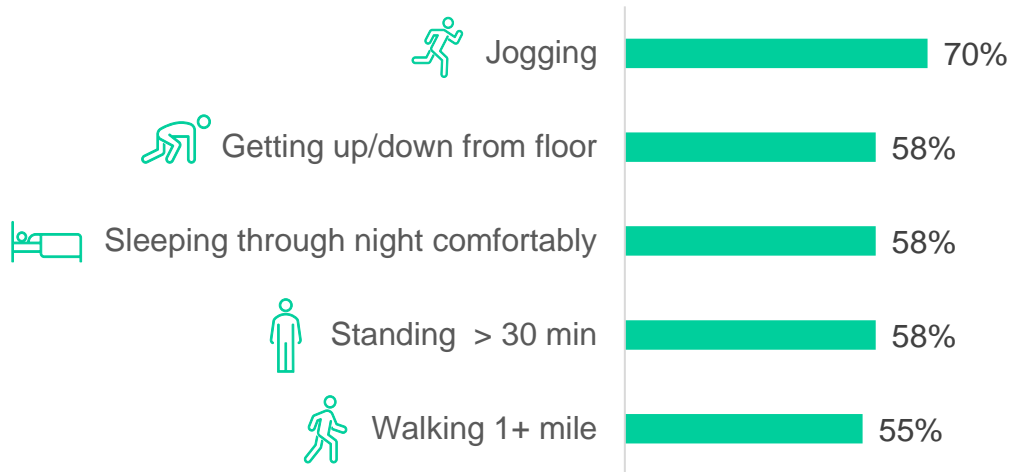
Mobility

Self-rated mobility



Older generations (40-79) are more likely to rate their mobility as poor/fair than younger generations (18-39)

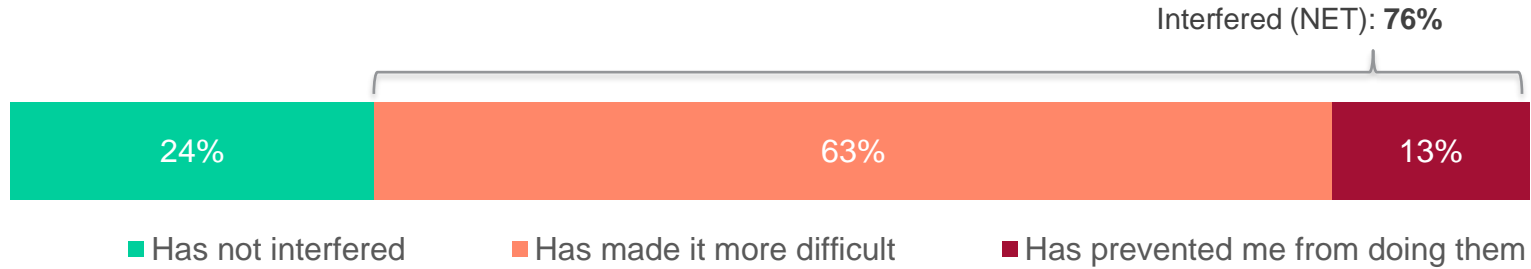
Top 5 exercises "difficult" to perform % very/somewhat difficult





In fact, most say their CLBP has interfered with their ability to complete everyday tasks, with many saying the physical limitations have crept up on them

Impact on Ability to Complete Everyday Tasks



64%

The physical limitations of my chronic low back/leg pain have crept up on me (i.e., didn't notice it all at once, but slowly over time)

60%

I did not realize how much I've had to slow down in life as a result of my chronic low back/leg pain.

43%

I've given up on living an active life due to my chronic low back/leg pain



CLBP has had a negative impact on nearly every aspect of people's lives, from their overall well-being, to their physical abilities and even their relationships

CLBP Impact

% minor, moderate, or major negative impact



Overall well-being

Physical abilities

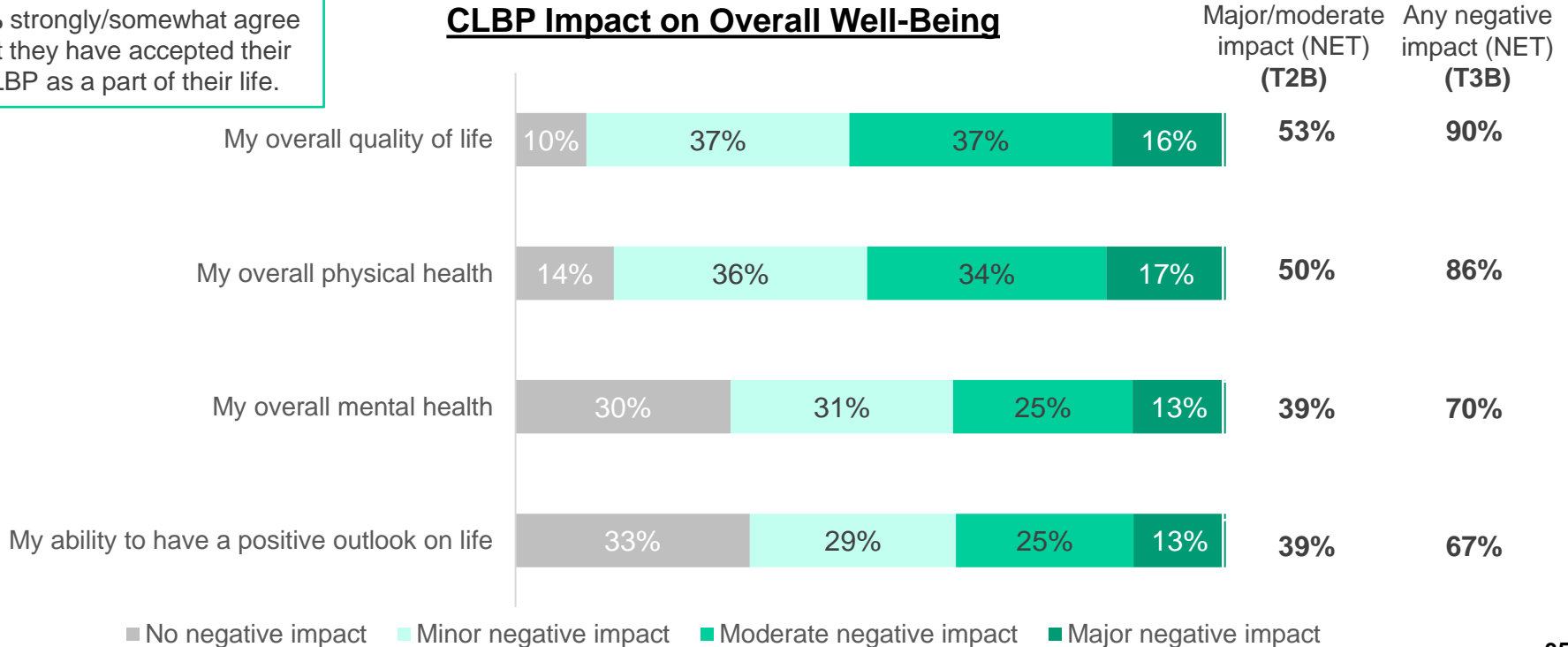
Relationships



For half, CLBP has had a major/moderate negative impact on their quality of life, yet many have accepted their CLBP as part of their life

78% strongly/somewhat agree that they have accepted their CLBP as a part of their life.

CLBP Impact on Overall Well-Being

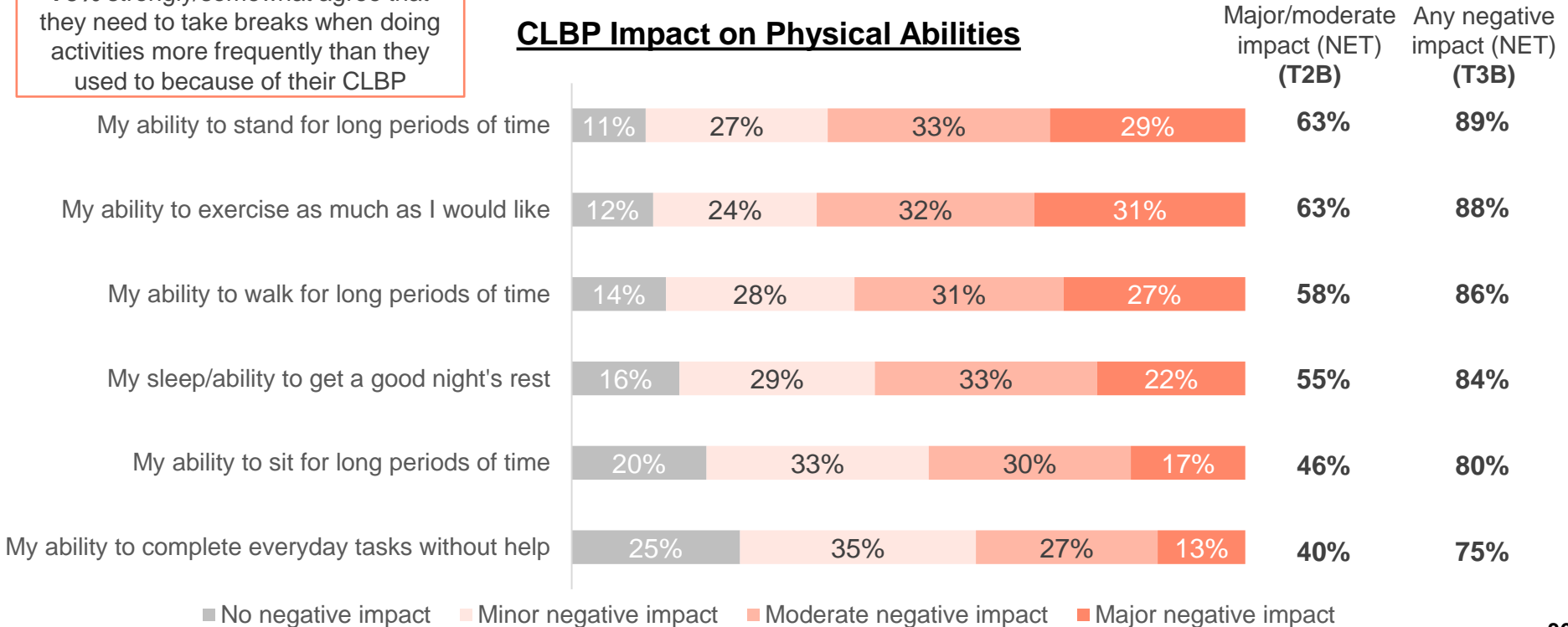




For many, CLBP has negatively impacted their ability to perform several physical activities and they now need to take breaks more frequently

78% strongly/somewhat agree that they need to take breaks when doing activities more frequently than they used to because of their CLBP

CLBP Impact on Physical Abilities

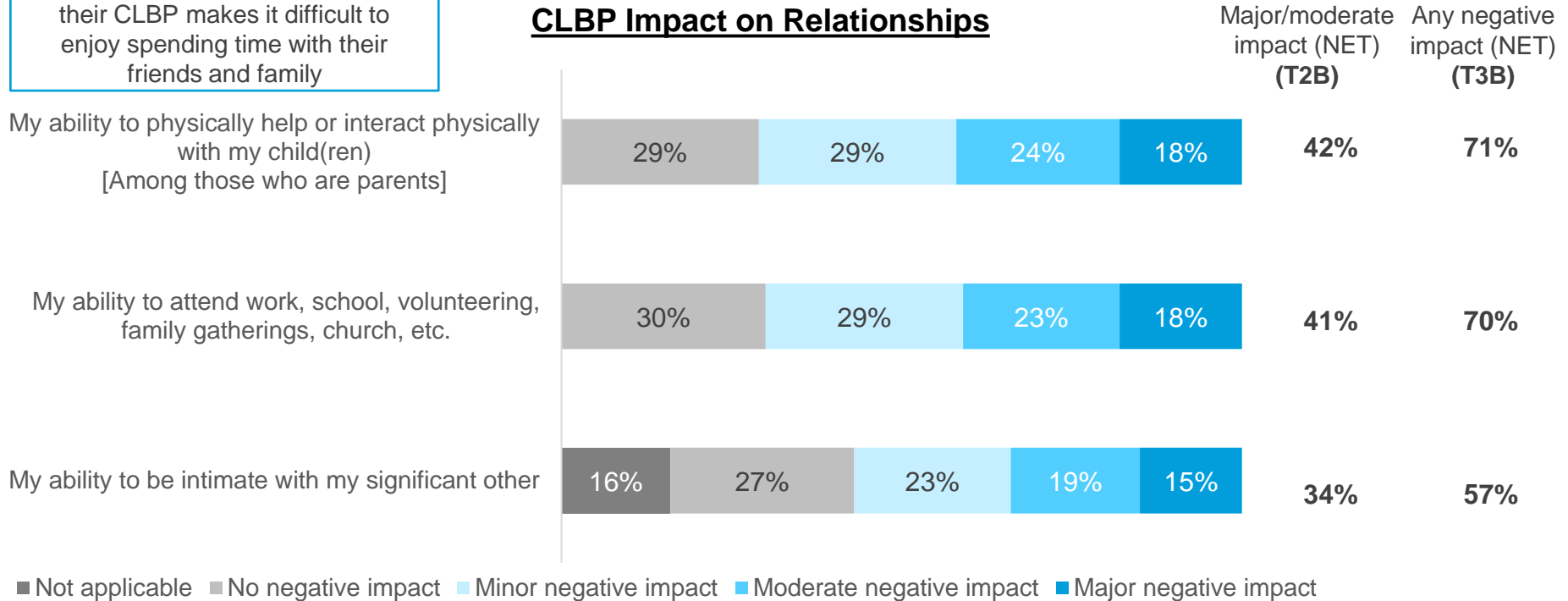




CLBP even negatively impacts relationships, with half saying CLBP makes it difficult to enjoy spending time with their friends and family

52% strongly/somewhat agree that their CLBP makes it difficult to enjoy spending time with their friends and family

CLBP Impact on Relationships





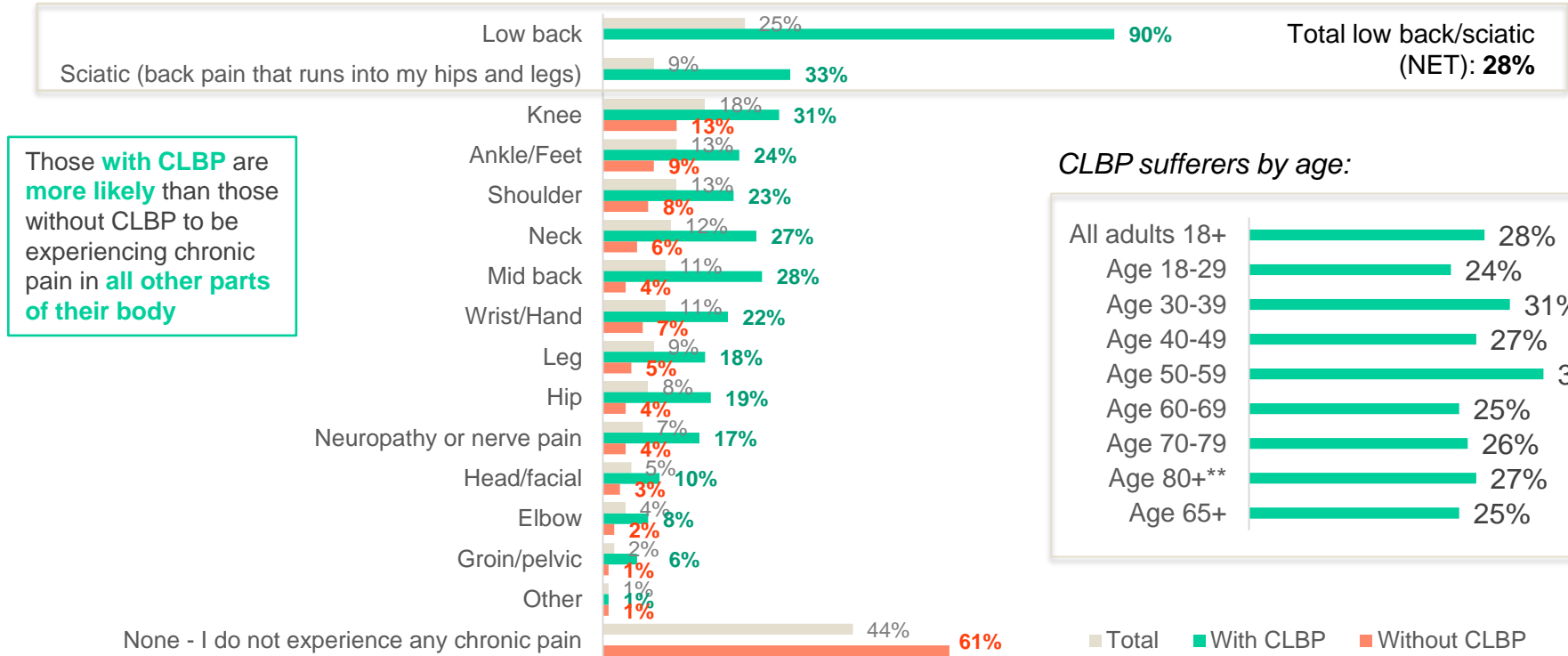
Mobility



Nearly 3 in 10 adults currently experience CLBP

Types of Chronic Pain Currently Experience

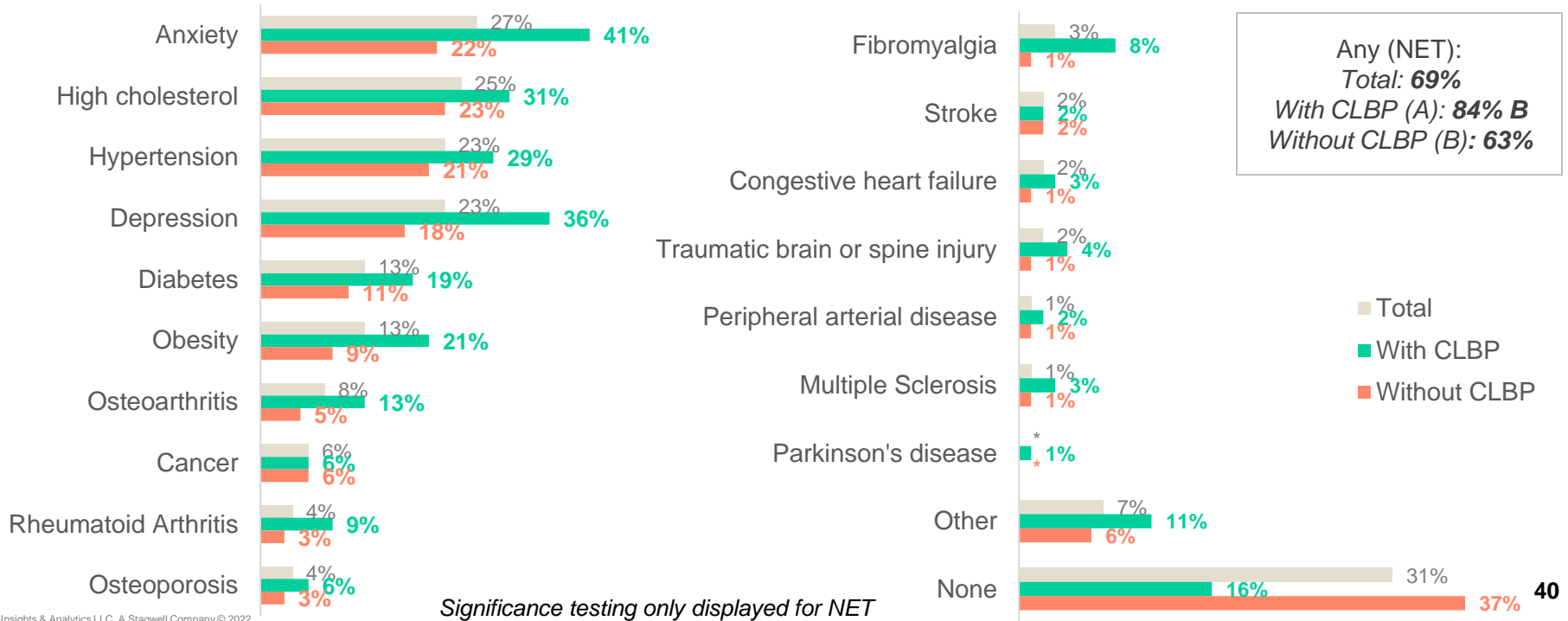
“CLBP sufferers”/ “With CLBP”





The majority of CLBP sufferers have a comorbidity as diagnosed by an HCP, more so than adults without CLBP

Conditions Been Diagnosed With By an HCP

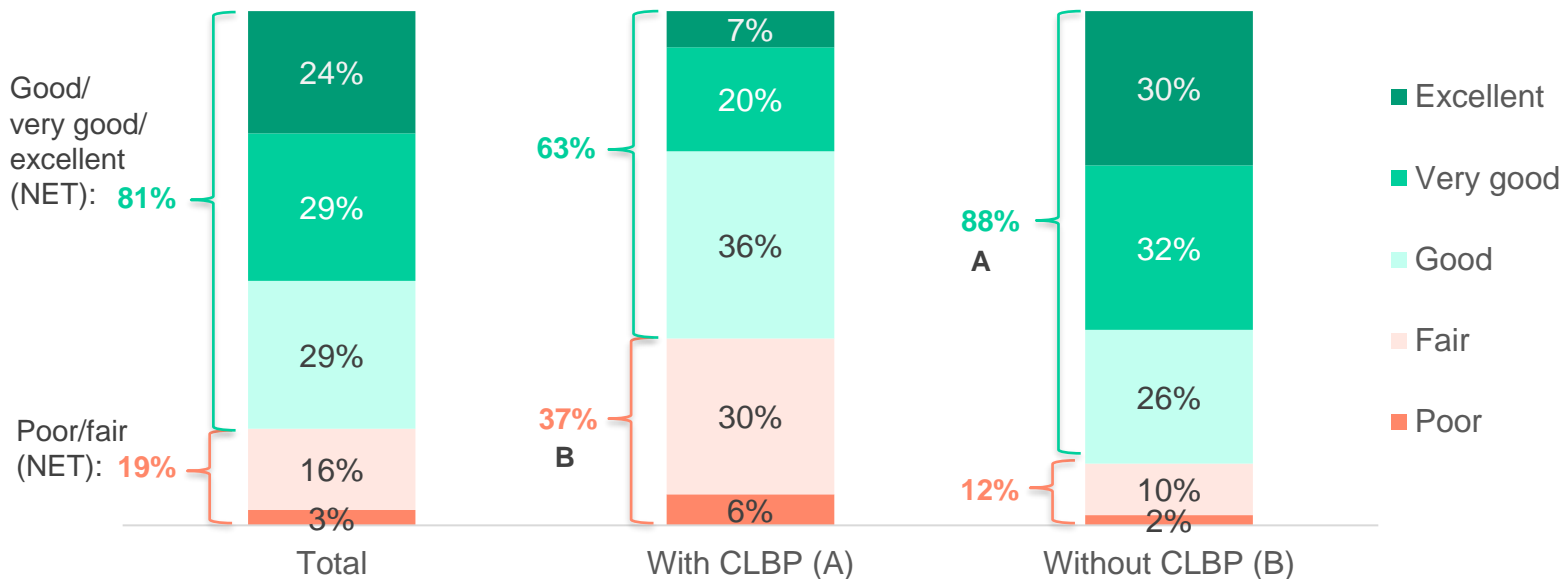


Significance testing only displayed for NET



Nearly 2 in 5 CLBP sufferers self-report poor/fair mobility, more than 3x the amount of non-sufferers who say the same

Self-Rated Mobility

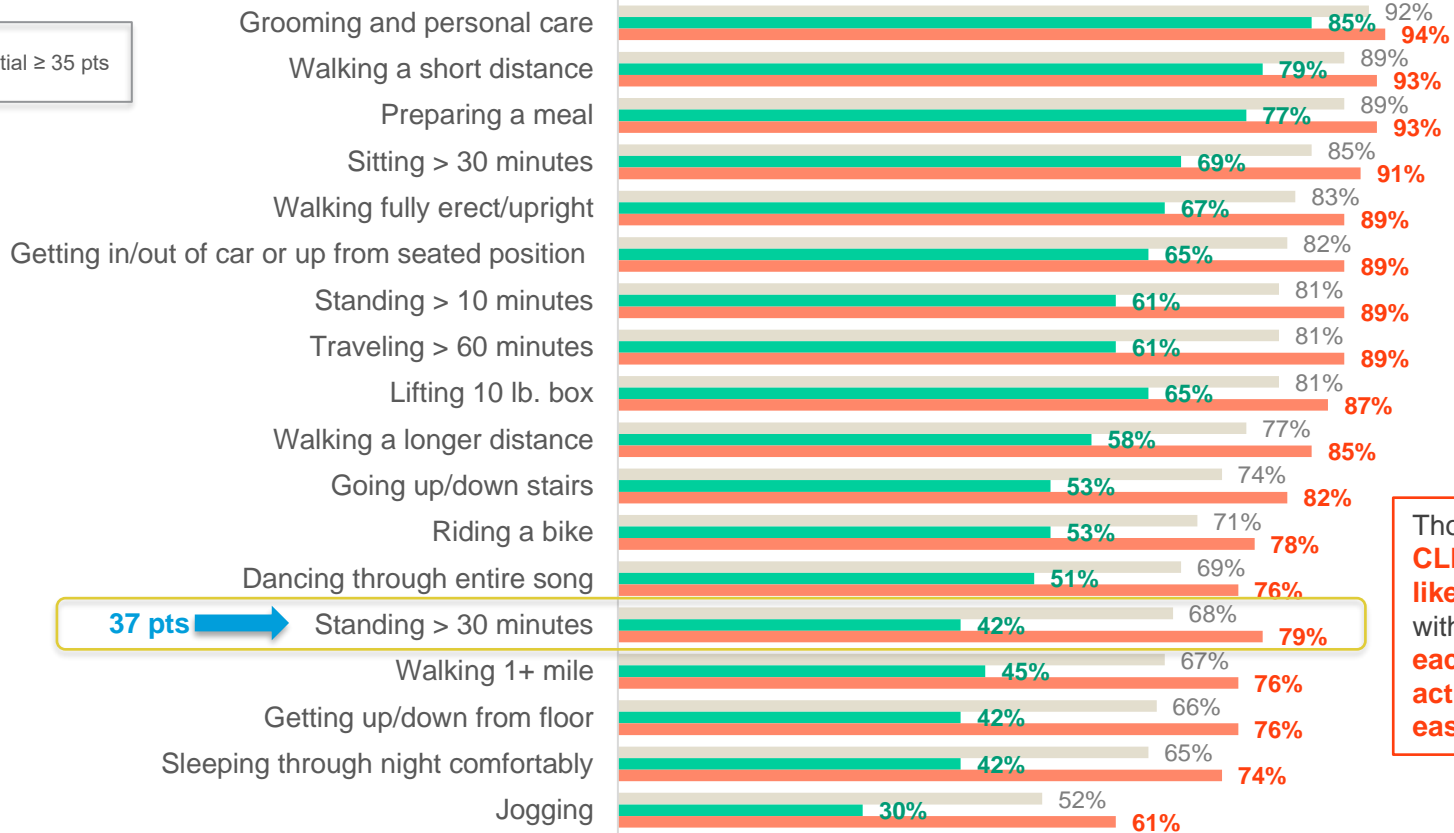




CLBP sufferers less likely to be able to perform physical activities easily

Ease of Doing Specific Physical Activities Without Pain % very/ somewhat easy

➔ Differential ≥ 35 pts



37 pts ➔ Standing > 30 minutes

Those **without CLBP** are **more likely** than those with CLBP to say **each of these activities** are **easy to perform**

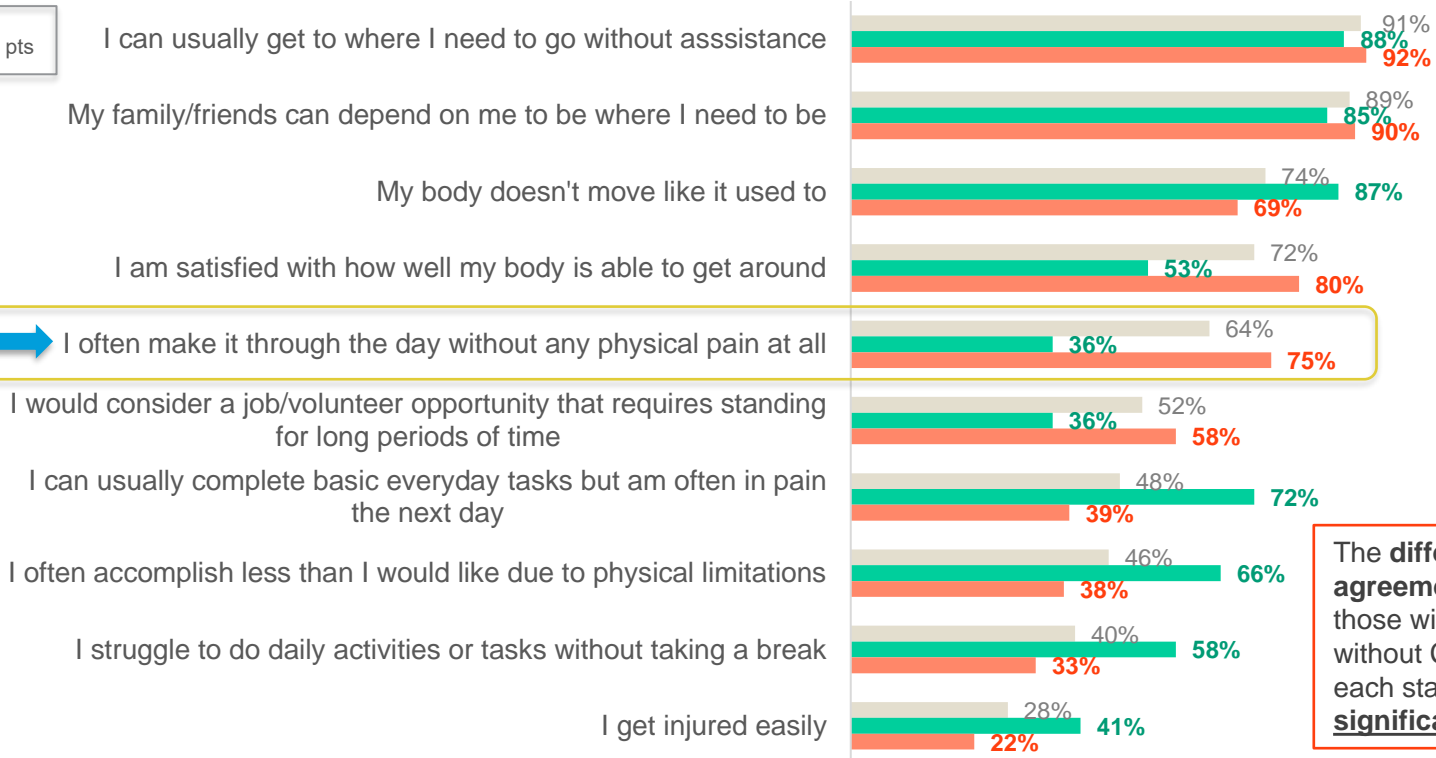


CLBP sufferers more likely to struggle with pain and its impacts on their daily activities

Attitudes About Mobility % strongly/somewhat agree

➔ Differential ≥ 35 pts

39 pts ➔



The difference in agreement among those with and without CLBP for each statement **is significant**

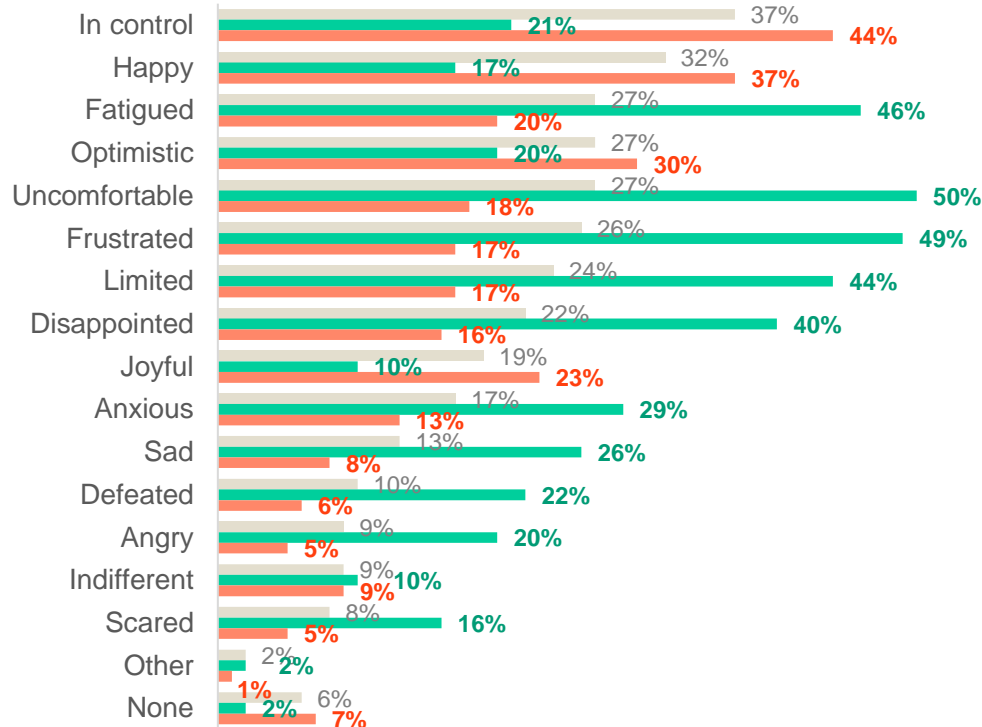
■ Total ■ With CLBP ■ Without CLBP



CLBP sufferers are more likely to choose “negative” adjectives to describe their feelings about their mobility, while those without CLBP are more likely to choose “positive” adjectives

Feelings About Mobility

➔ Differential ≥ 35 pts

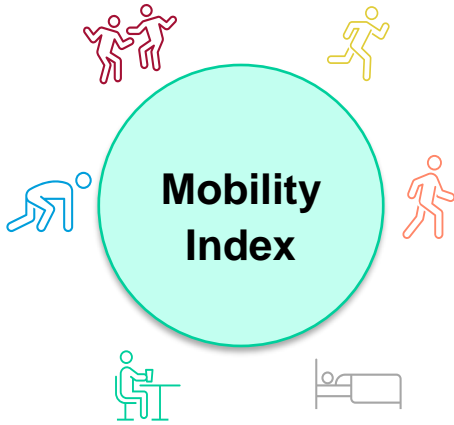


Except for “Indifferent” and “Other”, **differences in the selection of these feelings** among those with and without CLBP for each adjective **is significant**

■ Total
 ■ With CLBP
 ■ Without CLBP



About the Mobility Index



Comprised of 3 Main Dimensions

Self-rated mobility

- *Poor, fair, good, very good, or excellent*

Ease of doing specific physical activities without pain

- *Very difficult, somewhat difficult, somewhat easy, very easy across 18 activities*

Attitudes about mobility

- *Strongly disagree, somewhat disagree, somewhat agree, strongly agree across 10 attitudinal statements*

Highest possible score = 100

Lowest possible score = 0

1



Survey respondents were asked to self-rate their mobility, rate their ability to conduct various physical activities, and indicate their level of agreement with a series of statements about mobility, pain, physical limitations, and ability to complete everyday tasks.

2

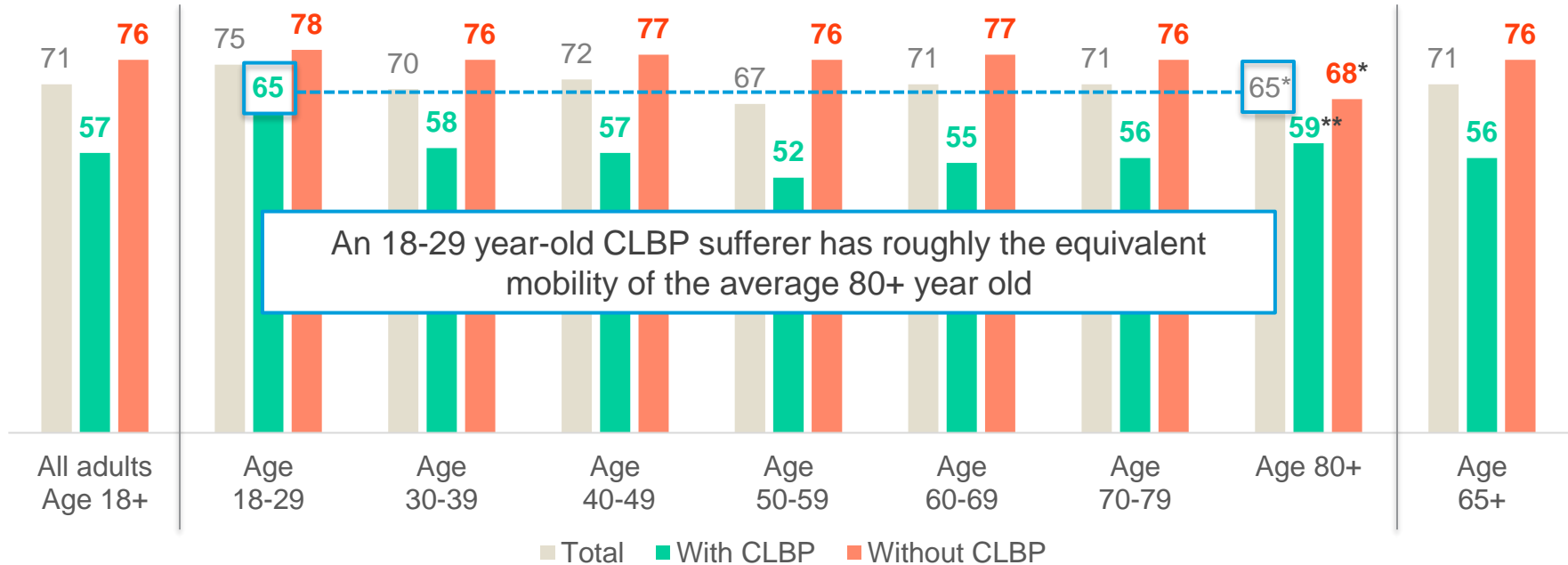


Activities were weighted (or scored) by ease or difficulty, and attitudinal statements that were found to correlate most closely with the physical activities were incorporated into the model, to develop a Mobility Index for all U.S. adults, including the ability to analyze by age, CLBP, and dozens of other variables.



The average adult has a mobility score of 71, but this drops to 57 among CLBP sufferers and most decades show a roughly 20-point drop in mobility among those with CLBP

Mobility Index



An 18-29 year-old CLBP sufferer has roughly the equivalent mobility of the average 80+ year old

*Caution, small base <100, results are directional in nature 46

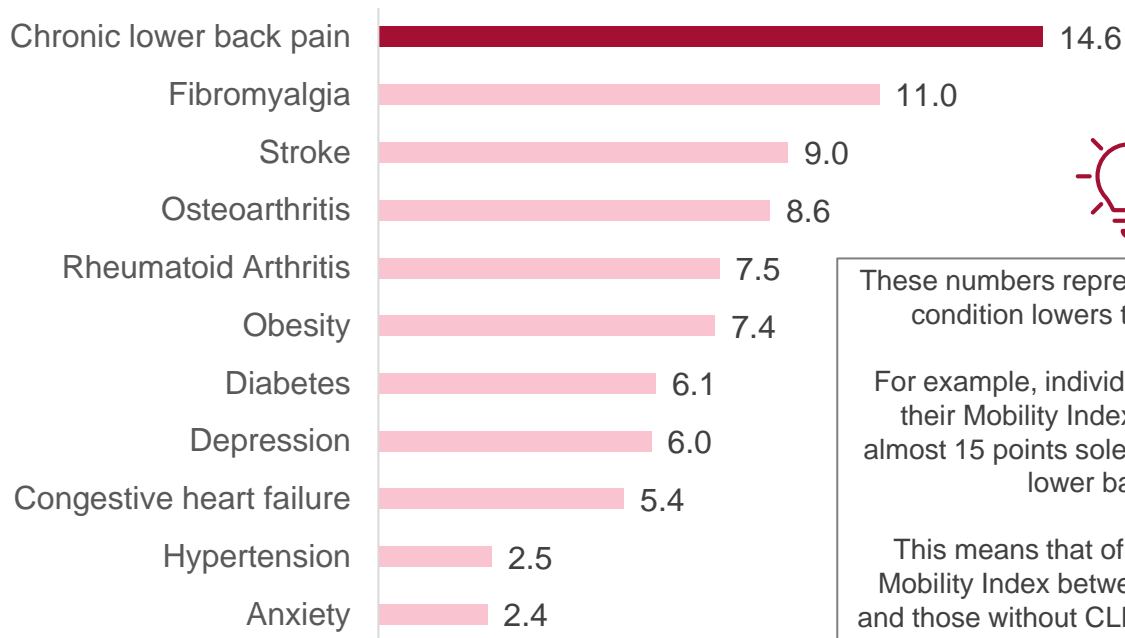
**Caution, extremely small base <30, results are qualitative in nature



CLBP reduces Mobility Index more than any of the co-morbidities tested

Estimated Decrease in Mobility Index Score For Each Condition*^

Among all adults 18+



These numbers represent the amount each condition lowers the Mobility Index.

For example, individuals with CLBP have their Mobility Index score reduced by almost 15 points solely due to their chronic lower back pain.

This means that of the 20-point gap in Mobility Index between those with CLBP and those without CLBP, nearly 15 points is due to CLBP alone.

*Weighted least squares regression

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^Note: only responses for co-morbidities with minimum n=100 have been included in this analysis



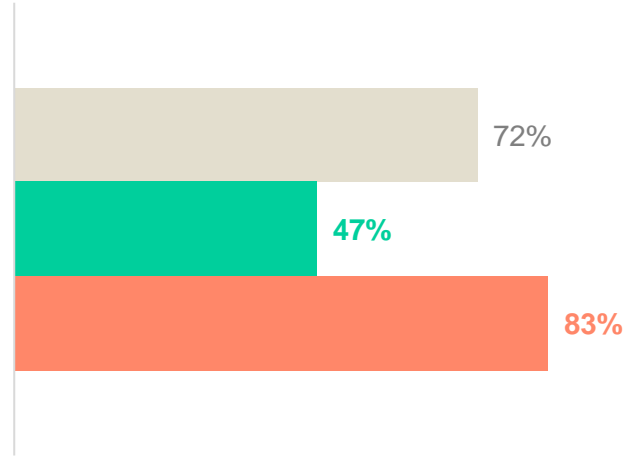
Mobility Through the Decades: 30's

Mobility Index Components with ≥ 35 pt. differential

Among adults in their 30's

% very/
somewhat easy

Standing > 30 minutes



■ Total ■ With CLBP ■ Without CLBP

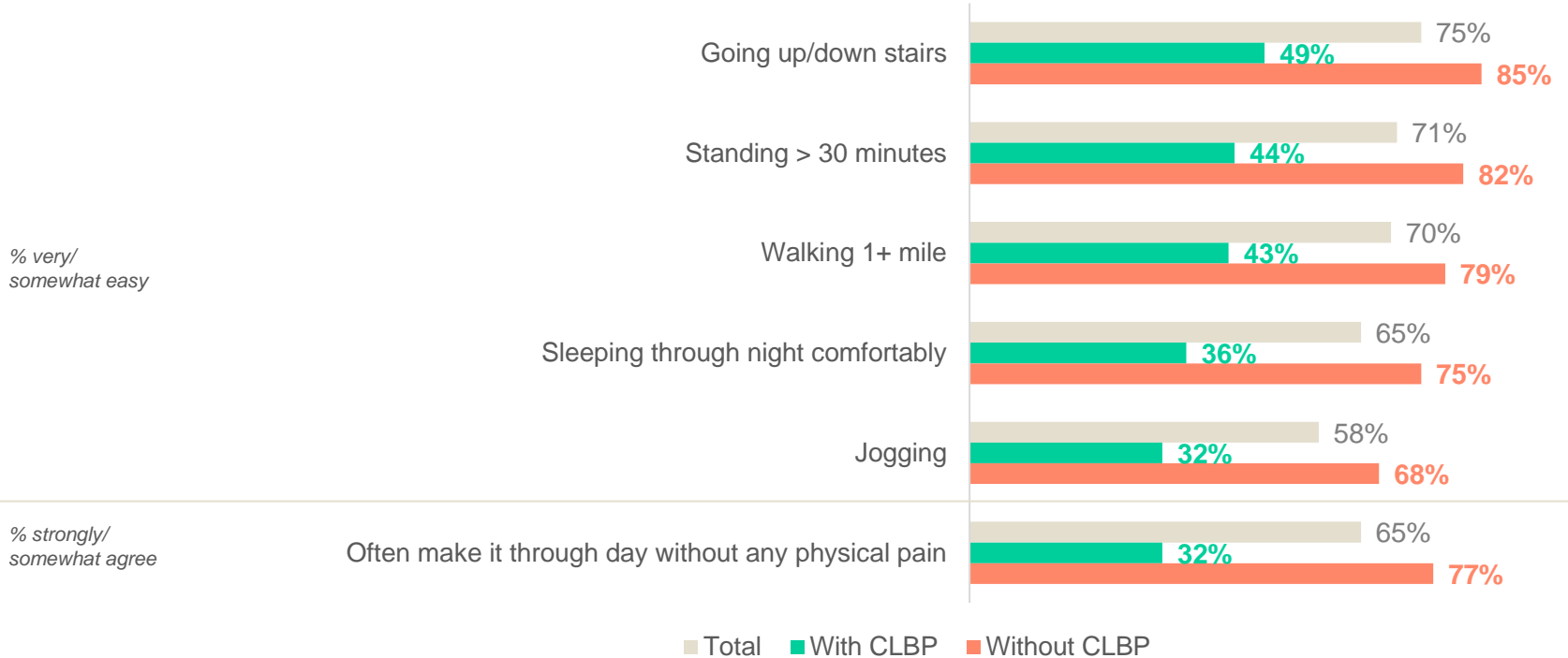
Note: No components have a ≥ 35 pt. differential for adults 18-39, thus no chart is included in this report



Mobility Through the Decades: 40's

Mobility Index Components with ≥ 35 pt. differential

Among adults in their 40's

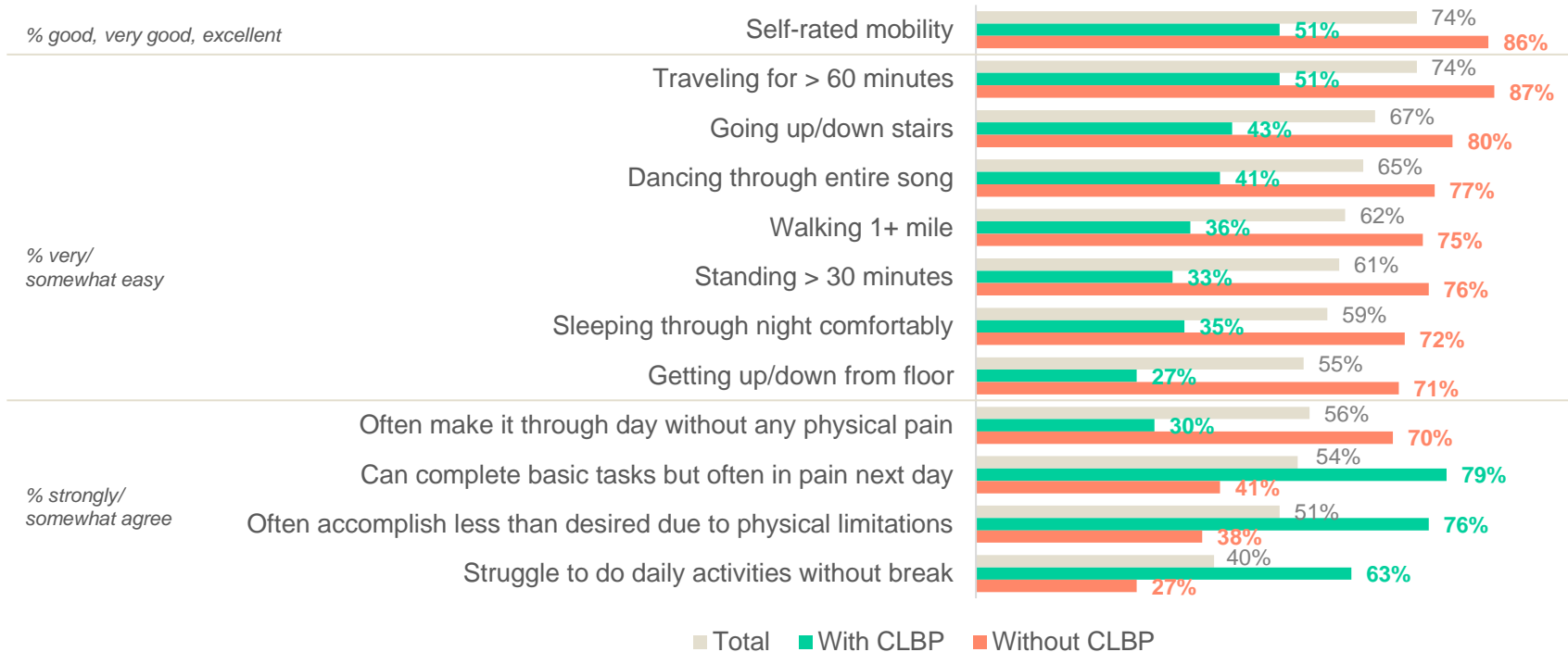




Mobility Through the Decades: 50's

Mobility Index Components with ≥ 35 pt. differential

Among adults in their 50's

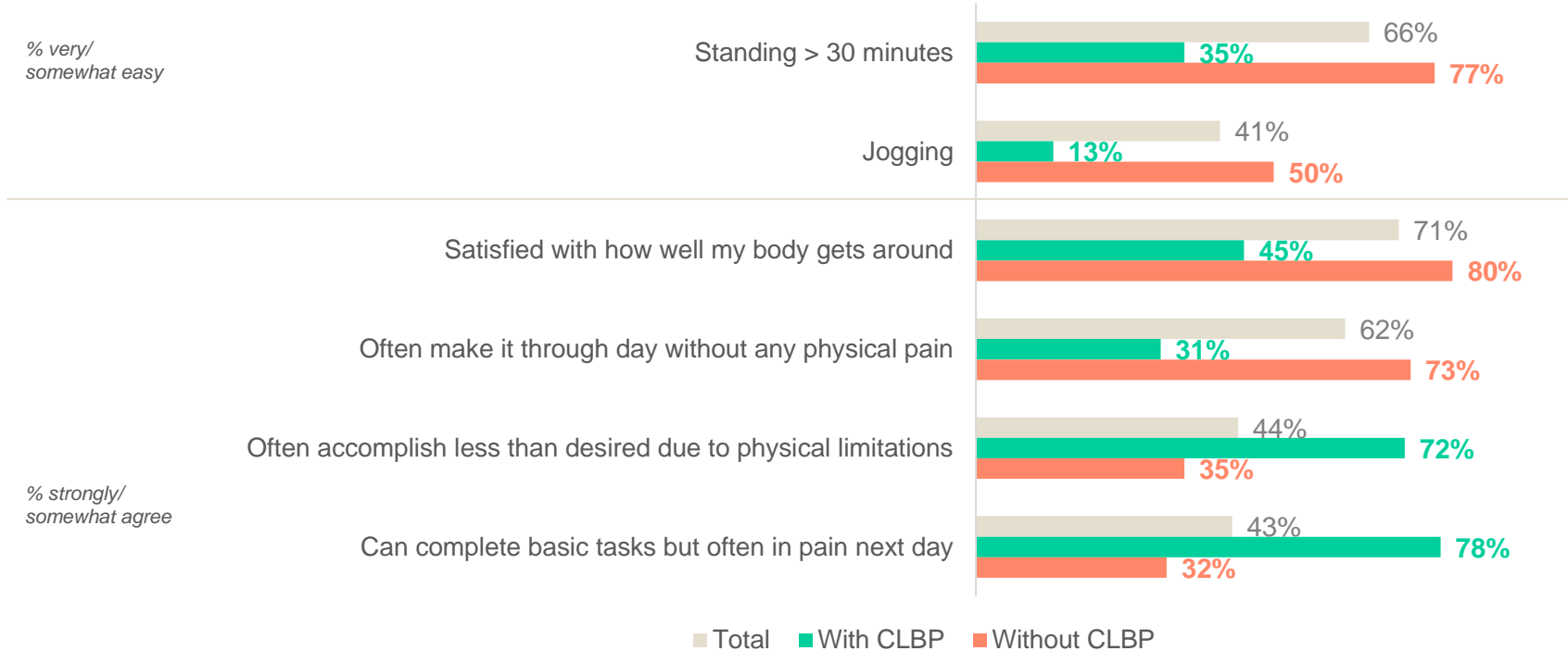




Mobility Through the Decades: 60's

Mobility Index Components with ≥ 35 pt. differential

Among adults in their 60's



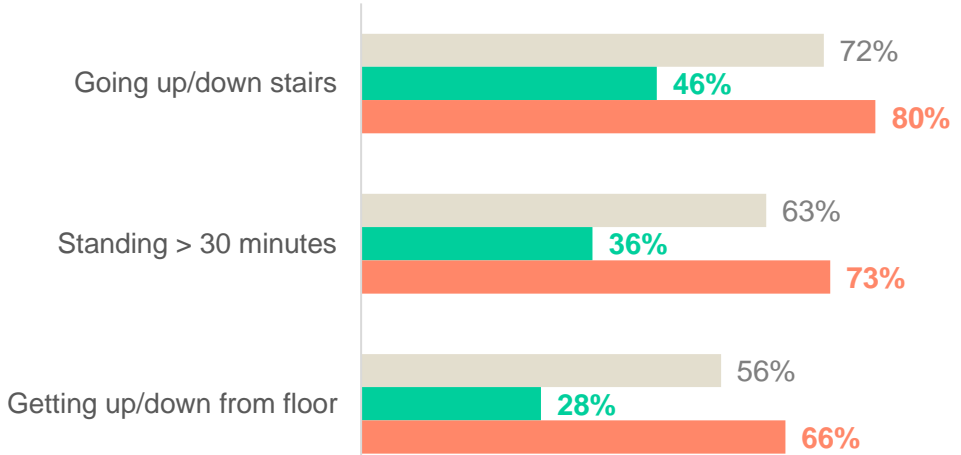


Mobility Through the Decades: 70's

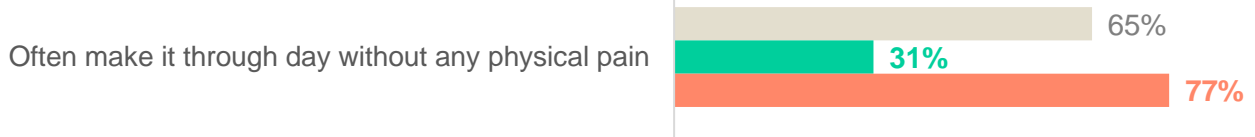
Mobility Index Components with ≥ 35 pt. differential

Among adults in their 70's

*% very/
somewhat easy*



*% strongly/
somewhat agree*



■ Total ■ With CLBP ■ Without CLBP



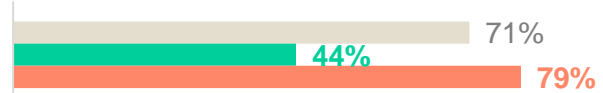
Mobility Through the Decades: 65+

Mobility Index Components with ≥ 35 pt. differential

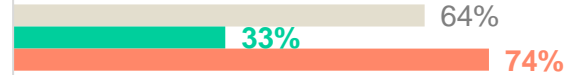
Among adults 65+

% very/
somewhat easy

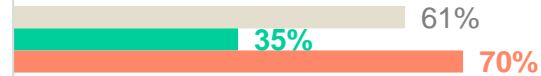
Going up/down stairs



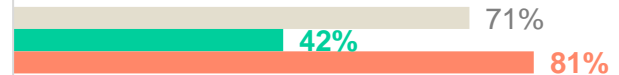
Standing > 30 minutes



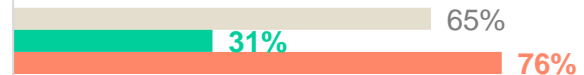
Walking 1+ mile



Satisfied with how well my body gets around

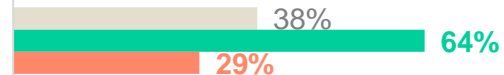


Often make it through day without any physical pain



% strongly/
somewhat agree

Can complete basic tasks but often in pain next day



■ Total ■ With CLBP ■ Without CLBP



Appendix



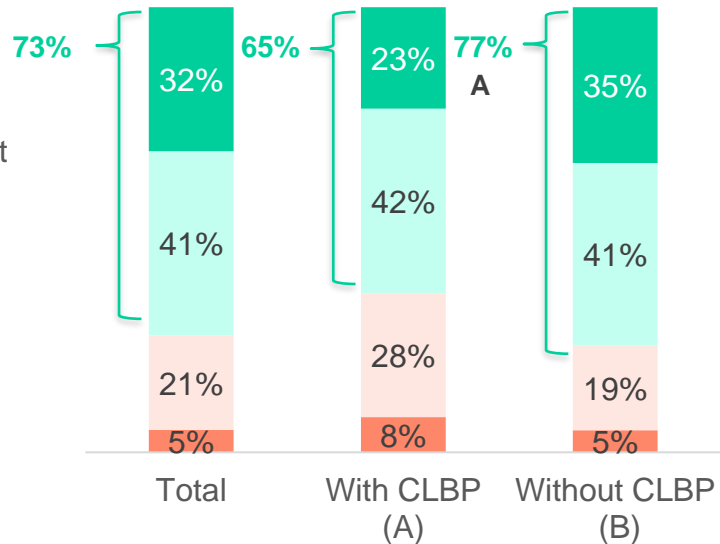
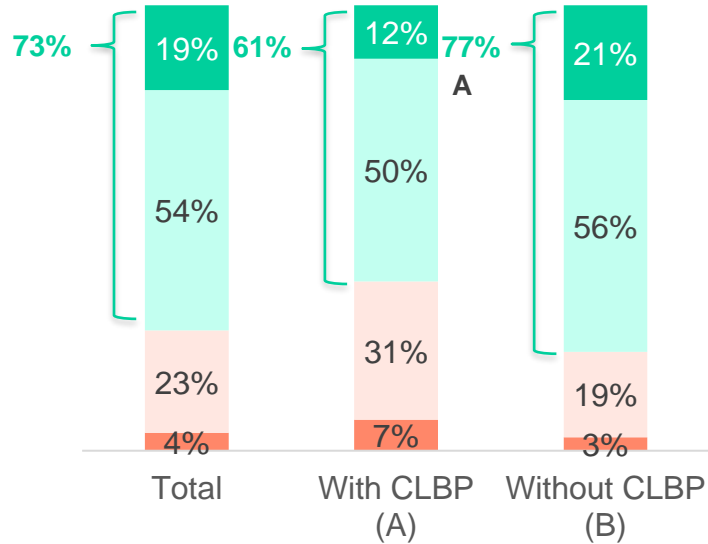
Majorities of all adults say their physical and mental health are excellent or good, but CLBP sufferers are less likely to say so

Current Health

Physical Health

Mental Health

Excellent/
Good (NET):

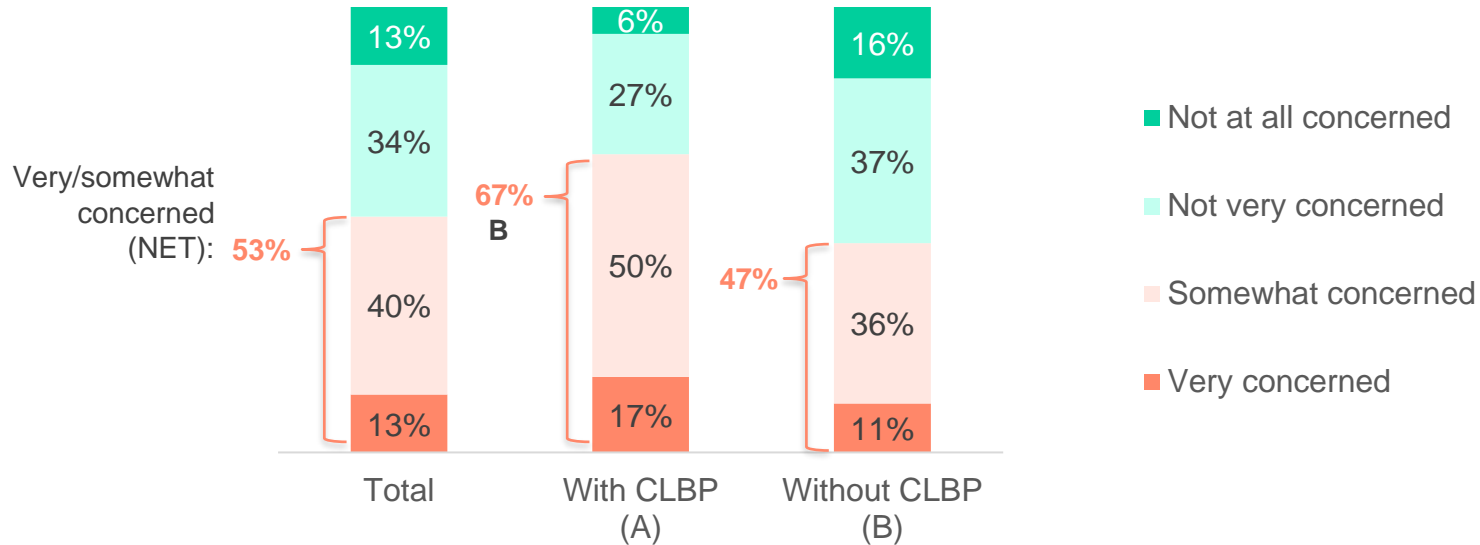


- Excellent
- Good
- Fair
- Poor



About half of all adults are concerned about their health, but this jumps to two-thirds among CLBP sufferers

Concern About Health

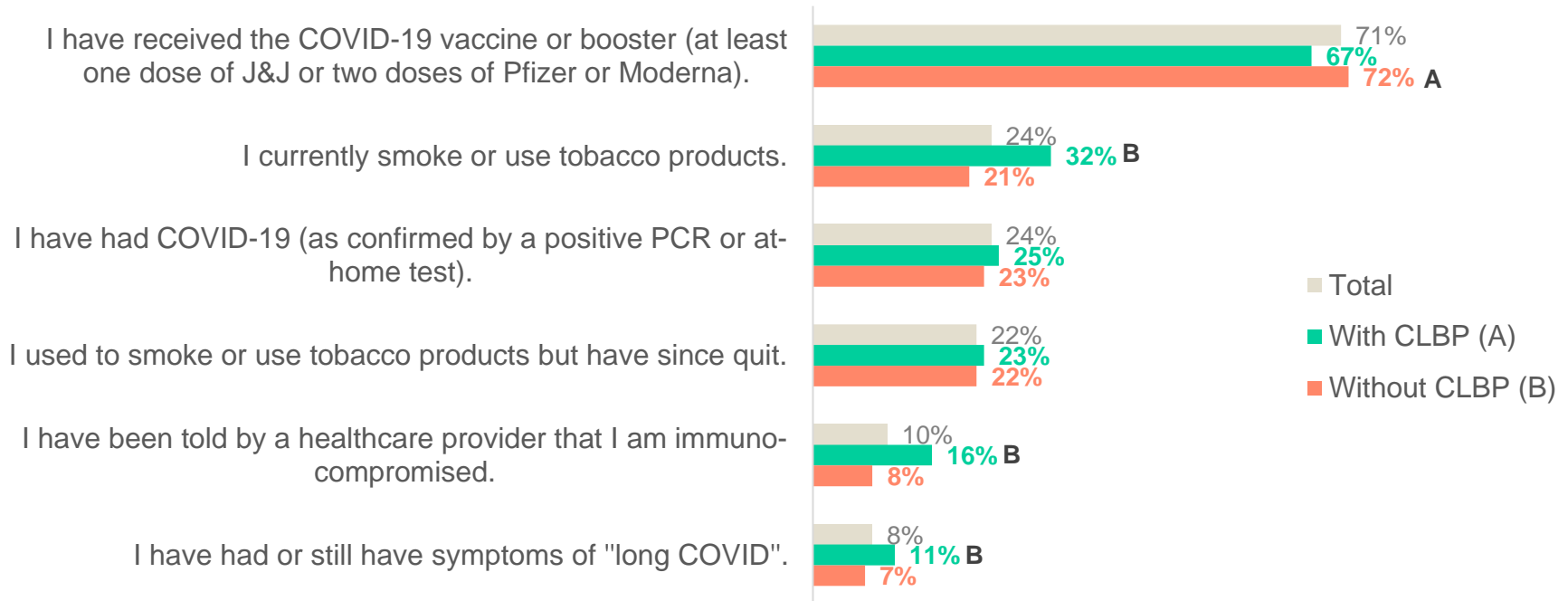




CLBP sufferers are less likely to have received a COVID vaccine and more likely to currently smoke, be immuno-compromised, or have symptoms of long COVID

Miscellaneous Additional Health Information

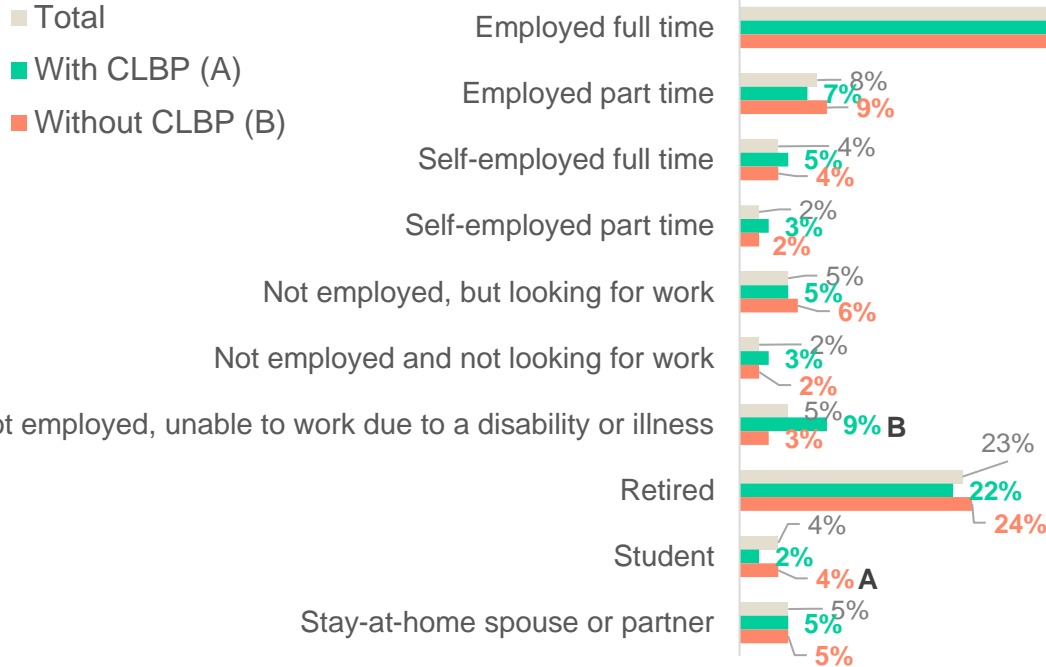
% selecting "Yes"





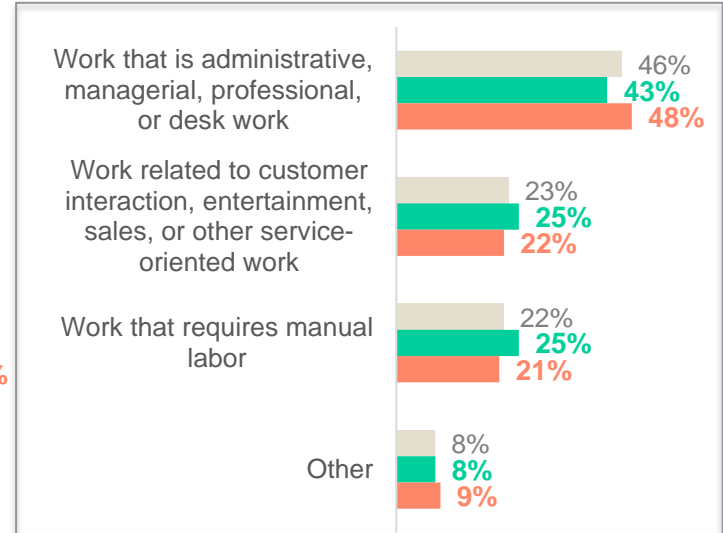
For the most part, CLBP sufferers have similar employment and work situations as non-sufferers

Employment Status



Employed (NET):
 Total: **56%**
 With CLBP: **54%**
 Without CLBP: **56%**

Among those who are employed





Demographics



Demographics (1 of 2)

	Total (n=5020)	CLBP sufferers (n=1521)	Without CLBP (n=3499)
Gender			
Male	48%	44%	49%
Female	51%	55%	50%
Transgender	*	*	*
Non-binary or Gender non-conforming	*	*	*
Prefer not to answer	*	*	*
Age			
18-29	19%	16%	20%
30-39	19%	21%	18%
40-49	16%	15%	16%
50-59	16%	20%	14%
60-69	17%	16%	18%
70-79	11%	11%	12%
80+	2%	2%	2%
Mean	47.6	47.8	47.5
Race			
White only	62%	63%	61%
Hispanic	17%	17%	17%
Black only	12%	12%	12%
Asian only	6%	5%	7%
Other	3%	3%	3%
Education			
Less than high school (NET)	10%	11%	9%
High school to less than 4-year college degree (NET)	55%	60%	54%
Bachelor's degree (4-year college degree) or more (NET)	35%	29%	37%



Demographics (2 of 2)

	Total (n=5020)	CLBP sufferers (n=1521)	Without CLBP (n=3499)
Region			
Northeast	17%	16%	18%
Midwest	21%	20%	21%
South	38%	41%	37%
West	24%	23%	24%
Income			
Less than \$15,000	6%	8%	6%
\$15,000 to \$24,999	6%	8%	6%
\$25,000 to \$34,999	7%	8%	6%
\$35,000 to \$49,999	10%	10%	10%
\$50,000 to \$74,999	16%	17%	16%
\$75,000 to \$99,999	13%	13%	13%
\$100,000 or more (NET)	41%	36%	42%
Marital Status			
Never married	30%	27%	31%
Married/Living with partner (NET)	52%	53%	52%
Divorced/Separated/Widowed (NET)	18%	20%	17%
Household Size			
1 HH member	15%	13%	15%
2 HH members	35%	32%	37%
3 HH members	19%	19%	19%
4 HH members	17%	19%	16%
5+ HH members	15%	17%	14%
Parent status			
Parent (NET)	57%	62%	54%
Parent of child(ren) under 18	31%	37%	29%
Parent of child(ren) 18+	29%	29%	29%
Not a parent	42%	37%	44%