DELPHI DOLBaPP QUESTIONNAIRE (Form O1)

Q1- In the last 4 weeks, have you had pain in your lower back (in the area shown on the diagram)? Please ignore pain caused by menstruation or by an illness accompanied by fever.

Yes [ ] No [ ]

Q2- If yes, was this pain bad enough to limit your usual activities or change your daily routine for more than one day?

Yes [ ] No [ ]

Q3- In the last 4 weeks, have you had pain that goes down the leg?

Yes [ ] No [ ]

Q4- If yes, has this pain gone below the knee?

Yes [ ] No [ ]

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