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- If you had pain in your lower back in the last 4 weeks, how often did you have the pain?

   □ On some days  □ On most days  □ Every day

Q4- If you had low back pain in the last 4 weeks, how long was it since you had a whole month without any low back pain? (Please tick only one box).

   □ Less than 3 months  □ 3 months or more, but less than 7 months  □ 7 months or more, but less than 3 years  □ 3 years or more

Q5- If you had low back pain in the last 4 weeks, please indicate what was the usual intensity of your pain on a scale of 0 to 10, where 0 means “no pain” and 10 means “the worst pain imaginable”. (Please circle your answer).

   0  1  2  3  4  5  6  7  8  9  10
   No pain                           Worst pain