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 □

Q5- 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
Q6- 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

Q7- 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).

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Worst pain</td>
</tr>
</tbody>
</table>

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Clermont Dionne, URESP

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