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).

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

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