

PAIN CHARACTERIZING ELEMENTS APPLICABLE TO LOW BACK PAIN

Frequency (applicable to low back pain)

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

- On some days On most days Every day

Duration (applicable to low back pain)

Qn- 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

Severity (applicable to low back pain)

Qn- 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

Note: The content between parentheses at the end of the “duration” and “severity” elements respectively becomes “Please give only one answer” and “Please circle the respondent’s answer” in the questionnaires intended for telephone administration.