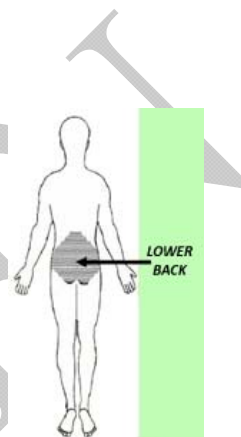


DELPHI DOLBaPP QUESTIONNAIRE (Form M1)

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

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Clermont Dionne, URESP

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