

## DELPHI DOLBaPP QUESTIONNAIRE (Form M2)

**Q1- In the last 4 weeks, have you had pain in your lower back?**  
*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