Q1- <u>In the last 4 weeks</u> , have you had pain in your lower back (in the area shown on the diagram)? <i>Please ignore pain</i> <i>caused by menstruation or by an illness accompanied</i> <i>by fever.</i>
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 No
Q3- If you had pain in your lower back <u>in the last 4 weeks</u> , how often did you have the pain?
On some days On most days Every day
Q4- If you had low back pain <u>in the last 4 weeks</u> , 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
3 years or more Q5- If you had low back pain <u>in the last 4 weeks</u> , 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

The body diagram was first published in Kuorinka I, Jonsson B Kilbom A et al. Standardised Nordic questionnaires for the analysis of musculoskeletal symptoms. <u>*Applied Ergonomics*</u> 1987, 18(3):233-7, and is used with the publisher's permission.