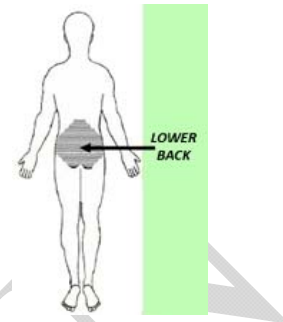


DELPHI DOLBaPP QUESTIONNAIRE (Form O2)

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- 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

Q4- 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

Q5- 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