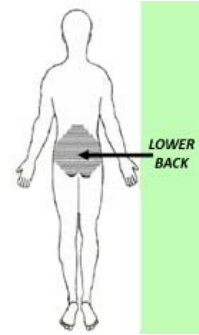


DELPHI DOLBaPP QUESTIONNAIRE (Form O3)

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- In the last 4 weeks, have you had pain that goes down the leg?

Yes No

Q4- If yes, has this pain gone below the knee?

Yes No

Q5- 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

Q6- 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 | <input type="checkbox"/> |
| 3 months or more, but less than 7 months | <input type="checkbox"/> |
| 7 months or more, but less than 3 years | <input type="checkbox"/> |
| 3 years or more | <input type="checkbox"/> |

Q7- 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

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Clermont Dionne, URESP

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