DELPHI DOLBaPP QUESTIONNAIRE (Form O4)

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 \(\square \) 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 \(\square \) No	
Q4- If yes, has this pain gone below the knee?	
Yes No	
Q5- If you had pain that goes down the leg <u>in the last 4 weeks</u> , how often did you have the pain?	
On some days	most days
Q6- If you had pain that goes down the leg <u>in the last 4 weeks</u> , how long was it since you had a whole month without any pain that goes down the leg? (Please tick only one box).	
Less than 3 months 3 months or more, but le 7 months or more, but le 3 years or more	

Q7- If you had pain that goes down the leg <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).

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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.

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