DELPHI DOLBaPP QUESTIONNAIRE (Form O5)

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 🗌
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 🗆

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