DELPHI DOLBaPP QUESTIONNAIRE (Form O6)

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- 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 give only one answer).
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 the respondent's answer).
0 1 2 3 4 5 6 7 8 9 10 No pain Worst pain

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