

## 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 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 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