

## DELPHI DOLBaPP QUESTIONNAIRE (Form O7)

**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

**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 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

