

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

Q7- 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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