The following questions relate to your current episode of ***low back pain***. Please tick the appropriate box for each statement.

PART A

Yes	No

1. a) Do you experience <u>stiffness</u> in the mornings?

   b) If yes, how long does it last? *(tick box)*
   - ☐ Less than 10 minutes
   - ☐ 10-30 minutes
   - ☐ 31-60 minutes
   - ☐ 61-90 minutes
   - ☐ longer than 90 minutes

2. Does your pain improve with exercise, ***but not*** with rest?

3. a) Do you have <u>pain on waking</u> in the morning?

   b) If yes, how long does it last? *(tick box)*
   - ☐ Less than 10 minutes
   - ☐ 10-30 minutes
   - ☐ 31-60 minutes
   - ☐ 61-90 minutes
   - ☐ longer than 90 minutes

4. Does your pain wake you up at night?

5. Do you experience stiffness after resting (includes sitting)?

6. Is your pain present at all times?
