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

PART B

	Yes	No
1. Do you have pain intermittently during the day?		
2. Does your pain develop later in the day?		

Do you have pain associated with:	Yes	No
3. Standing for a while?		
4. Lifting?		
5. Bending forward a little?		
6. Bending forward as far as you can?		
7. Arching backwards?		
8. Doing or attempting to do a sit up?		
9. Driving long distances?		
10. Getting out of a chair?		
11. Repetitive bending?		
12. Running?		
13. Coughing or sneezing?		