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

**PART A**

1. a) Do you experience **stiffness** 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 **pain on waking** 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?