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

**PART B**

1. Do you have pain intermittently during the day?  
2. Does your pain develop later in the day?

Do you have pain associated with:

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?