Questionnaire Back Pain

Dear healthcare worker, The following questionnaire aims to estimate the prevalence of back pain among health care workers, southern region, Saudi Arabia. We would be very grateful if you could help us by completing this questionnaire. Filling this questionnaire means agreement to participate in the study.

1. Name of the Hospital/PHCC......
2. Gender Male/Female
3. Age ........
4. Nationality Saudi /non Saudi
5. Length ...........cm  Weight ............Kg. Dominant hand (Right / Left)
6. Profession: Physician: general practitioner /registrar / resident / consultant
   Nurse: practical / specialist
   Lab Technician / specialist
   Radiologist Pharmacologist Psychologist
   social worker Dentist Other..................
7. Department: Medical / specialty.............
   Surgical / specialty .....................
   ER OPD ICU IMCU Home visit
   Pharmacy
   Dental center Lab Other: ............
8. Years of Work ......
9. Work status: Long standing /Sitting /Both)
10. Smoking Yes / No
11. Do you have back pain? yes/ no if Yes How long? ..........
    did you Need a Drug to relieve a pain? Yes/No, if yes whit type of drug did use?.............
12. If you have back pain which part of your back: cervical(neck) thoracic(middle to upper back) Lumbar(lower back)
13. If have back pain do you Need to take a break time: Yes (How long) / No
14. Did you do exercises to relieve pain? Yes/ no if yes which type of exercises do you do?.............
15. Did you visit a Neurosurgical Clinic due to Back pain Yes / No
16. Do have any Chronic Disease:(DM. HTN. ASTHMA. RENAL.) Other.................
17. History of back trauma: Yes (since ........) / No
18. Other neurological symptoms on your limb Pain /Numbness/ Weakness
19. Are you an Athlet Yes / NO