**Attachment H-1:**

**Self-reported low back pain**

**(NASS Lumbar Spine Outcome Assessment Instrument) (17 items)**

This questionnaire will be completed by all participating employees at the start of the study and every 3 months for 2 years.

Form Approved

OMB No. 0920-0907

Exp. Date xx/xx/20xx

**The following questions are about how you have felt, on average, during the past week.**

**1a. In the past week, how often have you suffered low back and/or buttock pain?**

* None of the time *Go to Question 2a*
* A little of the time
* Some of the time
* A good bit of the time
* Most of the time
* All of the time

1b. How bothersome has the low back and/or buttock pain been?

* Not at all bothersome
* Slightly bothersome
* Somewhat bothersome
* Moderately bothersome
* Very bothersome
* Extremely bothersome

2a. In the past week, how often have you suffered leg pain?

* None of the time *Go to Question 3a*
* A little of the time
* Some of the time
* A good bit of the time
* Most of the time
* All of the time

**2b. How bothersome has the leg pain been?**

* Not all bothersome
* Slightly bothersome
* Somewhat bothersome
* Moderately bothersome
* Very bothersome
* Extremely bothersome

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3a. In the past week, how often have you suffered numbness or tingling in leg and/or foot?

* None of the time *Go to Question 4a*
* A little of the time
* Some of the time
* A good bit of the time
* Most of the time
* All of the time

**3b. How bothersome has the numbness or tingling in leg and/or foot been?**

* Not at all bothersome
* Slightly bothersome
* Somewhat bothersome
* Moderately bothersome
* Very bothersome
* Extremely bothersome

4a. In the past week, how often have you suffered weakness in leg and/or foot?

* None of the time *Go to Question 5*
* A little of the time
* Some of the time
* A good bit of the time
* Most of the time
* All of the time

**4b. How bothersome has the weakness in leg and/or foot been?**

* Not at all bothersome
* Slightly bothersome
* Somewhat bothersome
* Moderately bothersome
* Very bothersome
* Extremely bothersome

5. In the past week, how has pain affected you when you get dressed?

* I can dress myself without pain.
* I can dress myself without increasing pain.
* I can dress myself but pain increases.
* I can dress myself but with significant pain.
* I can dress myself but with very severe pain.
* I cannot dress myself due to pain.

6. In the past week, how has pain affected you when you lift something?

* I can lift heavy objects without pain.
* I can lift heavy objects but it is painful
* Pain prevents me from lifting heavy objects off the floor, but I can lift heavy objects if they are on a table.
* Pain prevents me from lifting heavy objects off the floor, but I can lift light to medium objects if they are on a table.
* I can only lift light objects due to pain.
* I cannot lift anything due to pain.

7. In the past week, how has pain affected you when you are walking and running?

* I can walk or run without pain.
* I can walk comfortably, but running is painful.
* Pain prevents me from walking more than 1 hour.
* Pain prevents me from walking more than 30 minutes.
* Pain prevents me from walking more than 10 minutes.
* I am unable to walk or can walk only a few steps at a time.

**8. In the past week, how has pain affected you** **when you are sitting?**

* I can sit in any chair as long as I like.
* I can only sit in a special chair for as long as I like.
* Pain prevents me from sitting more than 1 hour.
* Pain prevents me from sitting more than 30 minutes.
* Pain prevents me from sitting more than 10 minutes.
* Pain prevents me from sitting at all.

**9. In the past week, how has pain affected you** **when you are standing?**

* I can stand as long as I want.
* I can stand as long as I want but it gives me pain.
* Pain prevents me from standing more than 1 hour.
* Pain prevents me from standing more than 30 minutes.
* Pain prevents me from standing more than 10 minutes.
* Pain prevents me from standing at all.
1. **In the past week, how has pain affected you** **when you sleep?**
* I sleep well.
* Pain occasionally interrupts my sleep.
* Pain interrupts my sleep half of the time.
* Pain often interrupts my sleep.
* Pain always interrupts my sleep.
* I never sleep well.
1. **In the past week, how has pain affected your social and recreational life?**
* My social and recreational life is unchanged.
* My social and recreational life is unchanged, but it increases pain.
* My social and recreational life is unchanged, but it severely increases pain.
* Pain has restricted my social and recreational life.
* Pain has severely restricted my social and recreational life.
* I have essentially no social and recreational life because of pain.
1. **In the past week, how has pain affected your traveling?**
* I can travel anywhere.
* I can travel anywhere but it gives me pain.
* Pain is bad but I can manage to travel over 2 hours.
* Pain restricts me to trip of less than 1 hour.
* Pain restricts me to trip of less than 30 minutes.
* Pain prevents me from traveling.
1. **In the past week, how has pain affected your sex life?**
* My sex life is unchanged.
* My sex life is unchanged, but causes some pain.
* My sex life is nearly unchanged, but it is very painful.
* My sex life is severely restricted by pain.
* My sex life is nearly absent because of pain.
* Pain prevents any sex life at all.