

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.

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

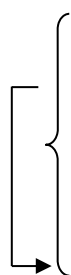
☐ Moderately bothersome

☐ 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
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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.

10. 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.

11. 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.

12. 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.

13. 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.