

## The Raine Study Gen2\_ 28-30 year cohort Lumbosacral MRI

Thank you for completing this questionnaire.

The purpose of this questionnaire is to collect background information about you that may be related to your lower back.

Please complete all the questions.

Please use a pen to complete the questionnaire

All your responses are confidential and will be de-identified. Your responses will be entered and kept in a secure database and only used for analyses as part of a large de-identified amalgamated database. This questionnaire will have your contact details removed. It will then be stored with all other Raine Study information in our secure storage facilities.

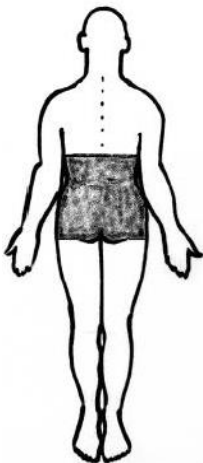
If you have any questions please contact the Raine Study, telephone 6488 6952, mobile 0447 863944, email: [rainestudy@uwa.edu.au](mailto:rainestudy@uwa.edu.au).

### Contact details

Your contact details will not be stored with your questionnaire information. All contact details are stored separately in a secure password protected database and are not used for any other purpose.

Your name, surname .....

Date you completed the questionnaire .....



The low back and  
pelvis region

**Lower back pain questions**

1. In the past 7 days, how would you rate your low-back pain on average?

**Y27\_LBP1**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No pain										Worst imaginable pain

**In the past 7 days...**

2. How much did pain interfere with your day-to-day activities?

**Not at all      A little bit      Some-what      Quite a bit      Very much**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP2**

3. How much did pain interfere with work around the home?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP3**

4. How much did pain interfere with your ability to participate in social activities?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP4**

5. How much did pain interfere with your household chores?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP5**

**Without any difficulty      With a little difficulty      With some difficulty      With much difficulty      Unable to do**

6. Are you able to do chores such as vacuuming or yard work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP6**

7. Are you able to go up and down stairs at a normal pace?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP7**

8. Are you able to go for a walk of at least 15 minutes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP8**

9. Are you able to run errands and shop?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y27\_LBP9**

**The Roland-Morris Disability Questionnaire**

When your back hurts, you may find it difficult to do some of the things you normally do.

This list contains some sentences people have used to describe themselves when they have back pain or sciatica. When you read them, you may find that some stand out because they describe you today. As you read the list, think of yourself today. When you read a sentence that describes you today, put a mark in the yes column. If the sentence does not describe you, mark the no column.

	Yes	No
1. I stay at home most of the time because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
2. I change position frequently to try and get my back comfortable.	<input type="checkbox"/>	<input type="checkbox"/>
3. I walk more slowly than usual because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
4. I am not doing any of the jobs that I usually do around the house.	<input type="checkbox"/>	<input type="checkbox"/>
5. Because of my back, I use a handrail to get upstairs.	<input type="checkbox"/>	<input type="checkbox"/>
6. Because of my back, I lie down to rest more often.	<input type="checkbox"/>	<input type="checkbox"/>
7. Because of my back, I have to hold onto something to get out of an easy chair.	<input type="checkbox"/>	<input type="checkbox"/>
8. Because of my back, I try to get other people to do things for me.	<input type="checkbox"/>	<input type="checkbox"/>
9. I get dressed more slowly than usual because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
10. I only stand up for short periods of time because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
11. Because of my back problem, I try not to bend or kneel down.	<input type="checkbox"/>	<input type="checkbox"/>
12. I find it difficult to get out of a chair because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
13. My back is painful almost all the time.	<input type="checkbox"/>	<input type="checkbox"/>
14. I find it difficult to turn over in bed because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
15. My appetite is not very good because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
16. I have trouble putting on my socks (or stockings) because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
17. I only walk short distances because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
18. I sleep less well on my back.	<input type="checkbox"/>	<input type="checkbox"/>
19. Because of my back, I get dressed with help from someone else.	<input type="checkbox"/>	<input type="checkbox"/>
20. I sit down for most of the day, because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
21. I avoid heavy jobs around the house because of my back.	<input type="checkbox"/>	<input type="checkbox"/>
22. Because of my back, I am more irritable and bad tempered with people than usual.	<input type="checkbox"/>	<input type="checkbox"/>
23. Because of my back, I go upstairs more slowly than usual.	<input type="checkbox"/>	<input type="checkbox"/>
24. I stay in bed most of the time because of my back problem.	<input type="checkbox"/>	<input type="checkbox"/>

**Y27\_RDQ1-RDQ24**

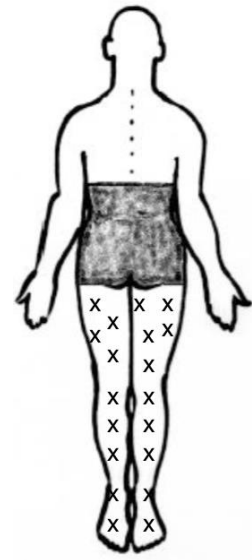
**Derived: Y27\_RDQ\_Total**

**Leg Related Back Pain**

Some people experience back pain that extends into their leg(s), below their buttocks.

**Y27\_LBP10- LBP11**

1. 'Do you experience back pain that extends into your leg(s)?'  
(Yes/No)
2. 'If yes, which is worse, the back pain or the leg pain?'  
(Back/Leg/Equal Back and Leg)



**Medical Scan Questions**

**Y27\_LBP12-LBP17**

MEDICAL SCANS refer to procedures such as X-ray, CT scan, MRI scan or a bone scan.

1. 'Have you ever had any medical scans for low back pain?'  
(Yes/No/Unsure)

What is your view of the following statements:

2. 'Medical scans of the low back will identify the cause of back pain'  
(Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)
3. 'People with higher levels of low back pain will have worse findings on medical scans, compared to those with lower levels of pain'  
(Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)
4. 'When back pain improves, a repeat medical scan would show improvement'  
(Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)
5. 'If your pain gets worse, it will be reflected by a deterioration on your medical scan'  
(Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)
6. 'Medical scans are necessary to get the best medical care for low back pain'  
(Strongly Agree/Agree/Neutral/Disagree/Strongly Disagree)