**Questionnaire FOR LOW BACK PAIN PATIENTS**

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**Study Title**: Genetic Variants Associated with Pain Reduction in Patients with Low Back Pain or Neuropathic Pain - The GENE-PAR Study.

**PART 1.** This picture shows the part of the body referred to in the following questions.

**Question 1**. How long has low-back pain been an ongoing problem for you?

* Less than 1 month
* 1 – 3 months
* 3 – 5 months
* 6 – 11 months
* 1 – 5 years
* More than 5 years

**Question 2.** How often has low-back pain been an ongoing problem for you over the past 6 months?

* Every day or nearly every day in the past 6 months
* At least half the days in the past 6 months
* Less than half the days in the past 6 months

**Question 3.** In the past 7 days, how would you rate your low-back pain on average?

0 = no pain

10 = worst imaginable pain

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**Question 4.** Has low-back pain spread down your leg(s) during the past 2 weeks?

(*you can refer to the figure below*)

* Yes
* No
* Not sure

**Question 5.** During the past 4 weeks, how much have you been bothered by…

Not bothered at all Bothered a little Bothered a lot

Stomach pain

Pain in your arms, legs, joints (other than your spine or back)

Headaches

Widespread pain or pain in most of your body

**Question 6**. Have you ever had a low-back surgery?

* Yes, one surgery
* Yes, more than one surgery
* No, (*If no, please go to question 9*)

**Question 7**. If yes, when was your last low-back surgery?

* Less than 6 months ago
* 6 months or more, but less than 1 year ago
* Between 1 and 2 years ago
* More than 2 years ago

**Question 8**. Did any of your low-back surgeries involve a spinal fusion (also called an arthrodesis)?

* Yes
* No
* Not sure

**Question 9**. In the past 7 days…

Not at all A little bit Somewhat Quite a bit Very much

How much did your low-back pain interfere with your day-to-day activities?

How much did your low-back pain interfere with work around the home (e.g., garden work, renovations)?

How much did your low-back pain interfere with your ability to participate in social activities?

How much did your low-back pain interfere with your household chores (e.g., house cleaning, vacuuming)?

**Question 10**. Have you used any of the following treatments for your low-back pain?

Yes, I have used this

Yes, I am currently treatment in the past

using this treatment but stopped No Not sure

Opioid painkillers (prescription medication such as Codeine, Dilaudid, Duragesic, Fentanyl, Hydromorphone, Methadone, Morphine, Oxycodone, Tramadol)

Infiltrations/Injections (such as epidural steroid injections, facet injections)

Exercise therapy

Psychological counselling (such as cognitive-behavioral therapy)

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question 11**. The two items below are for people who normally work outside the home.

(*If you do not normally work outside the home, please choose DOES NOT APPLY*).

Yes No Does not apply

I have been off work or unemployed for 1 month or more due to low-back pain.

I receive or have applied for disability or worker’s compensation benefits because I am unable to work due to low back pain.

**Question 12**. Considering your low-back pain…

Without any With a little With some With much Unable

difficulty difficulty difficulty difficulty to do

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

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

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

Are you able to run errands and shop?

**Question 13.** In the past 7 days…

Never Rarely Sometimes Often Always

I felt worthless.

I felt helpless.

I felt depressed.

I felt hopeless.

**Question 14**. In the past 7 days…

Very poor Poor Fair Good Very good

My sleep quality was…

**Question 15**. In the past 7 days…

Not at all A little bit Somewhat Quite a bit Very much

My sleep was refreshing.

I had a problem with my sleep.

I had difficulty falling asleep.

**Question 16**. It’s not really safe for a person with my low-back problem to be physically active.

* Agree
* Disagree

**Question 17**. I feel that my low-back pain is terrible and it’s never going to get any better.

* Agree
* Disagree

**Question 18**. Are you involved in a lawsuit or legal claim related to your low-back problem?

* Yes
* No
* Not sure

**Question 19**. In the past year…

Never Rarely Sometimes Often Always

Have you consumed alcohol or used

Drugs more than you meant to?

Have you felt you wanted or needed to

cut down on your drinking or drug use?

**Question 20.** Age: \_\_\_\_\_ years

**Question 21.** Gender:

* Female
* Male
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The next two questions are about racial, ethnic, or cultural origins (mark more than one answer if applicable).*

**Question 22**. Are you an Aboriginal person, that is, First Nations, Métis, or Inuk (Inuit)?

* No, not an Aboriginal person
* Yes, First Nations – North American Indian
* Yes, Métis
* Yes, Inuk (Inuit)

**Question 23**. Are you?

* White – Caucasian
* South Asian – e.g. East Indian, Pakistani, Sri Lankan
* Chinese
* Black
* Filipino
* Latin American
* Arab
* Southeast Asian – e.g. Vietnamese, Cambodian, Malaysian, Laotian
* West Asian – e.g. Iranian, Afghan
* Korean
* Japanese
* Other

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question 24**. What is your employment status (*mark more than one answer if applicable*)?

* Working now full time
* Working now part-time
* Looking for work, unemployed
* Sick leave or maternity leave
* Disabled due to back pain, permanently or temporarily
* Disabled for reasons other than back pain
* Student
* Temporarily laid off
* Retired
* Keeping house
* Unknown
* Other

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question 25**. What is your education level? (*select the highest attained*)

* No high school diploma
* High school (secondary school) diploma or equivalent
* Registered Apprenticeship or other trades certificate or diploma (e.g. hairstyling, cooking, electrician, carpentry, etc.)
* College, CEGEP or other non-university certificate or diploma (e.g. accounting technology, industrial engineering, technology, legal assistant, pre-university program, etc.)
* University certificate or diploma below bachelor level (e.g. undergraduate certificate)
* Bachelor’s degree (e.g. B.A., B.A.(Hons), B.Sc., B.Ed., LL.B.)
* University certificate or diploma above bachelor level (e.g. D.E.S.S., Short Graduate Program)
* Master’s degree (e.g. M.A., M.Sc., M.Ed., M.B.A.)
* Degree in medicine, dentistry, veterinary medicine, or optometry (e.g. M.D., D.D.S., D.M.D., O.D.)
* Doctorate (e.g. Ph.D., Psy.D., Ed. D.)

**Question 26**. How would you describe your cigarette smoking?

* Never smoked
* Current smoker
* Used to smoke, but have now quit

**Question 27**. Height:

In feet/inches (e.g. 5’6): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

In centimeter (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question 28**. What is your weight?

In pounds (lbs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

In kilograms (kg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2.** Please complete this questionnaire by ticking one answer for each item in the 2 questions below.

**Question 1:** Does your pain have one or more of the following characteristics?

**YES NO**

1 – Burning

2 – Painful cold

3 – Electric shocks

**Question 2:** Is the pain associated with one of more of the following symptoms in the same area?

**YES NO**

4 – Tingling

5 – Pins and needles

6 – Numbness

7 – Itching

**PART 3**. Below is a list of problems people sometimes have. Please read each one carefully, and check the response that best describes how much that problem has distressed or bothered you during the past 7 days including today.

Not at all A little bit Moderately Quite a bit Extremely

A. Headaches

B. Pains in heart or chest

C. Pains in lower back

D. Nausea or upset stomach

E. Soreness of your muscles

F. Faintness or dizziness

G. Trouble getting your breath

H. Hot or cold spells

I. Numbness or tingling in parts of your body

J. A lump in your throat

K. Feeling weak in parts of your body

L. Heavy feelings in your arms or legs