Working Document: WP4-N5

Risks of Occupational Vibration Injuries (VIBRISKS)

European Commission FP5 Project No. QLK4-2002-02650

Title: Whole-body vibration,
Initial Assessment,
Self-Administered Questionnaire
Final Concept

Authors: Carel Hulshof, Keith Palmer, Ivo Tiemessen, Mats Hagberg, Tohr Nilsson, Ronnie Lundström, Massimo Bovenzi, Jos Verbeek

Organisation: AMC
University of Southampton (MRC)
University Hospital of Northern Sweden
University of Trieste

Task: Work Package 4, Task 4.1

Date: 05 February 2004

Quality of Life and Management of Living Resources Programme
Key Action 4 - Environment and Health

SECTION 1: Personal and general information

Serial number |__|__|__|__|

Name: _____ Surname: _____

Address: _____

_____

Post Code: |__|__|__|__|__|__|__|

Date of birth (day / month / year) _____ Sex: M _____ F _____ Country of birth and raised _____

Height: _____ ft/m _____ in/cm Weight: _____ lbs./kg

Marital Status: Single ☐ Married ☐ Divorced/Separated ☐ Widowed ☐

How many school years have you completed? Less than 6 yr ☐ 7-12 yr ☐ more than 12 yr ☐

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1. How often each week do you engage in any exercise program or sports?

   Never ☐ Less than 1 time ☐ 1 to 2 times ☐ 3 times or more ☐ Everyday ☐

2. Do you smoke or have you ever smoked? No ☐ Yes ☐

3a. If yes, when did you start smoking regularly? 19____

3b. Do you still smoke? No ☐ Yes ☐

3c. If no, when did you give up to smoke? 19_____

3d. If yes, how much did/do you smoke? Cigarettes per day: ☐

Cigars per day: ☐

Pipe/rolling tobacco g per day: ☐

4. Do you drink alcoholic beverages? (wine, beer, etc.) No ☐ Yes ☐

4a. How much do you drink daily? ☐ 0-1 unit ☐ 2-3 units ☐ more than 3 units

4b. How much do you drink weekly? ☐ 1-3 units ☐ 4-6 units ☐ more than 6 units

(1 unit = ½ pint of beer, a glass of wine, or single spirit)

SECTION 2: Occupational history

CURRENT JOB

5. What is your current occupation?

_____

6. In what industry (e.g. farming, shipyard, insurance) do you carry out this occupation?

_____

7. When did you start this job? |__|__| *month* |__|__|__|__| *year*

ACTIVITIES IN YOUR JOB

Posture

8. Does an average working day involve walking and standing?

If No, please go to question 9 No ☐ Yes ☐

8a). If Yes, If you add together all the time in an average working day that you spend walking and standing, how many hours does that make?

Less than an hour ☐ 1-3 hours ☐ More than 3 hours ☐

9. Does an average working day involve bending as shown below?

No ☐ Yes ☐

If No, please go to question 10

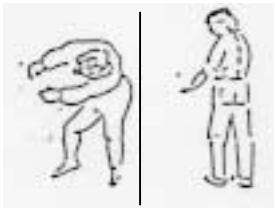
9a). If Yes, how long during an average working day do you work in a position with your trunk bended between 20 and 40° ?

Less than 1 hour ☐ 1-2 hours ☐ More than 2 hours ☐

9b). If Yes, how long during an average working day do you work in a position with your trunk bended more than 40° ?

Less than ½ hour ☐ ½-2 hours ☐ More than 2 hours ☐

10. Does an average day in the job involve twisting as shown below?



No ☐ Yes ☐

If No, please go to question 11

10a). If Yes, how long during an average working day do you twist in a position with your trunk bended between 20 and 40° ?

Less than 1 hour ☐ 1-2 hours ☐ More than 2 hours ☐

10b). If Yes, how long during an average working day do you work in a position with your trunk bended more than 40° ?

Less than ½ hour ☐ ½-2 hours ☐ More than 2 hours ☐

11. Does an average day in the job involve working with your arms raised and your hand held above shoulder height?

No ☐ Yes ☐

If no, please go to question 12

11a). If you add together all the time in an average working day that you spend working with your arms raised and your hand held above shoulder height, how many hours does that make?

Less than an hour ☐ 1-3 hours ☐ More than 3 hours ☐

Digging

12. Does an average working day involve digging or shoveling? No ☐ Yes ☐

If No, please go to question 13

12a). If you add together all the time in an average working day that you spend digging and shoveling, how many hours does that make?

Less than an hour ☐ 1-3 hours ☐ More than 3 hours ☐

Sitting

13. Does an average working day involve sitting **(other than when driving)** for longer than three hours at a time?

No ☐ Yes but I **can** get up and move around when I want to ☐ Yes, and I **cannot** get up and move around even if I want to ☐

Lifting

14. Do you regularly have to load or unload the vehicle(s) you drive by moving heavy materials or equipment by hand?

No ☐ Yes ☐

15. How many times in an average working day do you lift loads greater than 15 kg (30 lbs) (comparable with 24 bottles of beer in a crate, an average child of three or an small suitcase with belongings)?

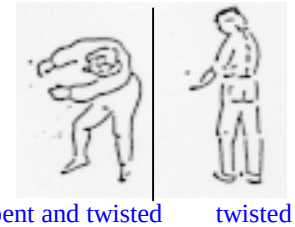
Not at all ☐ 0-15 minutes ☐ 15 - 45 minutes ☐ More than 45 minutes ☐

If No at all, please go to question 16

15a). How many times in an average working day **do you lift such a load** whilst your back is in a bent position as shown?

Not at all ☐ 1-10 times ☐ More than 10 times ☐

15b). How many times in an average working day **do you lift such a load** whilst your back is in a twisted or bent and twisted position as shown?



bent and twisted twisted

Not at all ☐ 1-10 times ☐ More than 10 times ☐

Driving

16. Did or do you drive any kind of vehicle in your current job? (i.e. car, bus, truck, train, earth moving machine, other) No ☐ Yes ☐

if No, go to question 20

17. Which of the following vehicles do you normally drive in the job, and for how many hours per week on average?

	Vehicle	*Tick if driven in the job (✓)*	*Roughly how many hours per week do you drive this vehicle on average?*
a)	Car or van (do **not** include journeys to and from work)	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
b)	Lorry, bus or coach (as a driver, **not** a passenger)	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
c)	Motorcycle (do **not** include journeys to and from work)	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
d)	Fork lift truck	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
e)	Tractor	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
f)	Loader	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
g)	Dumper or excavator	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
h)	Other large off road vehicle (eg harvester, armoured tank)	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*
i)	Other large on road vehicle (eg ambulance, fire engine)	☐	☐☐ *hrs* ☐☐ *mins* *(per week)*

18. Do you ever have to drive with your back bent forward or twisted in the job?

Never ☐ Seldom ☐ Often ☐

19. Do you experience discomfort by mechanical vibration or shock in your work?

vertical vibration	No ☐	Yes ☐
fore/aft vibration	No ☐	Yes ☐
side-to-side vibration	No ☐	Yes ☐

YOUR VIEWS ABOUT YOUR JOB

20. In your job, do you have a choice in deciding:

		Never/almost never	*Seldom*	*Sometimes*	*Often*
a)	**How** you do your work?	☐	☐	☐	☐
b)	**What** you do at work?	☐	☐	☐	☐
c)	Your work timetable and breaks?	☐	☐	☐	☐

21. When you have difficulties in your work, how often do you get help and support from your colleagues or immediate line manager?

Not applicable ☐ Never ☐ Seldom ☐ Sometimes ☐ Often ☐

22. How satisfied have you been with your job as a whole, taking everything into consideration?

Very dissatisfied ☐ Dissatisfied ☐ Satisfied ☐ Very satisfied ☐

OTHER JOBS YOU MAY HAVE HELD

*Complete this section **only** if you have held other jobs in the past.* ***Otherwise go to Section 3, page 9.***

23. Did your previous job(s) involve: prolonged sitting? No ☐ Yes ☐

heavy physical demands? No ☐ Yes ☐

24. We are interested in your previous work – including, the kind of job, when it was done, and whether or not it involved professional driving. Please fill in the table below to show **all of the jobs you've held for a year or more**.

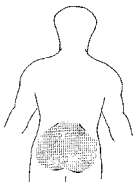
Ignore the job you may have told us about in Question 17. But include all the other jobs held for a year or more, beginning with the first job after leaving school or higher education.

Age started	Age stopped	Occupation	Which vehicle(s) did you drive professionally in the job? (✓) *(Do not include journeys to and from work)*								
			None	Car or van	Bus or lorry	Motor-cycle	Fork-lift truck	Tractor	Loader	Dump or excavator	Other large vehicle (describe)
☐☐ *age in years*	☐☐ *age in years*	________	☐	☐	☐	☐	☐	☐	☐	☐	☐ ________
☐☐ *age in years*	☐☐ *age in years*	________	☐	☐	☐	☐	☐	☐	☐	☐	☐ ________
☐☐ *age in years*	☐☐ *age in years*	________	☐	☐	☐	☐	☐	☐	☐	☐	☐ ________
☐☐ *age in years*	☐☐ *age in years*	________	☐	☐	☐	☐	☐	☐	☐	☐	☐ ________
☐☐ *age in years*	☐☐ *age in years*	________	☐	☐	☐	☐	☐	☐	☐	☐	☐ ________

SECTION 3: Personal medical history

This section concerns pain or discomfort you may have had in different parts of the body and at different times.

3.1: LOW BACK (including radiating pain in the leg)



	During the last 7 days	During last 12 months
25 a) Have you had pain or discomfort in the area shown in the diagram?	☐ No ☐ Yes	☐ No ☐ Yes

(If No, ignore this part of the section and proceed to question 33, page 12).

25 b) What type of pain or discomfort did you have? (Tick all applicable alternatives)	☐ back pain only ☐ leg pain or symptoms only ☐ back and leg pain or symptoms	☐ back pain only ☐ leg pain or symptoms only ☐ back and leg pain or symptoms
c) How many episodes have you had?	☐ 1 ☐ more than 3 ☐ 2 – 3	☐ 1 ☐ 6-10 ☐ 2 – 5 ☐ more than 10
d) How long did they typically last?	☐ hours ☐ 3-6 days ☐ 1-2 days ☐ always	☐ hours ☐ 7-30 days ☐ 1-2 days ☐ 1-3 months ☐ 3-6 days ☐ 3-6 months ☐ always
e) How much time did you have to take off work due to the back pain?	☐ None ☐ 3-6 days ☐ 1-2 days ☐ whole 7 days	☐ None ☐ 1-3 months ☐ 1-6 days ☐ 3-6 months ☐ 7-14 days ☐ more than 6 ☐ 15-30 days months
f) Did you consult a doctor ?	☐ No ☐ Yes	☐ No ☐ Yes
g) What treatment did your doctor prescribe? (painkillers, physical therapy, surgery, other?)	☐ None ☐ Yes Namely: _____	☐ None ☐ Yes Namely: _____
h) Do you get back pain during or shortly after driving a vehicle ?	☐ No ☐ Yes	☐ No ☐ Yes
1) If yes, for how long did this typically last?	☐ hours ☐ 3-6 days ☐ 1-2 days ☐ whole 7 days	☐ hours ☐ 1-3 months ☐ 1-6 days ☐ 3-6 months ☐ 7-14 days ☐ more than 6 ☐ 15-30 days months

26. Have you ever had a trauma to your low back that required a medical visit?

No ☐ Yes ☐

If No, please go to question 27

26a). What kind of trauma?

_____

26b). When did it happen? |__|__| *month* |__|__|__|__| *year*

During the last 7 days

(If you have not suffered from back pain or discomfort during the past 7 days go to page 11, question 32)

27. When your low back pain **first started**, how did it come on?

gradually ☐ suddenly outside work ☐ suddenly at work ☐

28. If suddenly, what were you doing at the time?

_____

29. Has the pain spread down your leg to below your knee during the past 7 days?

No ☐ Yes ☐

30. Have you had to cut down, avoid, or give up any of your normal duties in the past 7 days because of pain in your low back

No ☐ Yes ☐

If No, please go to question 31

30a). If yes, please try to estimate ho many hours or minutes it would take someone to make up the time lost from your work in this way?

☐☐ *hrs* ☐☐ *mins*

31. How would you rate your back pain on a 0-10 scale during a typical day in the last 7 days (where 0 is "no pain" and 10 is "pain as bad as it could be")?

(please circle one number)

	No pain										*Pain as bad as it could be*
Back	0	1	2	3	4	5	6	7	8	9	10

These questions are about the way your pain is affecting your daily life. We would like to know if you are, or have been in your last episode of back pain in any of the situations listed below (please tick all the items that apply).

32. a) I stay at home most of the time because of my back.	☐ No	☐ Yes
b) I change position frequently to try and get my back comfortable.	☐ No	☐ Yes
c) I walk more slowly than usual because of my back.	☐ No	☐ Yes
d) Because of my back I am not doing any of the jobs that I usually do around the house.	☐ No	☐ Yes
e) Because of my back, I use a handrail to get upstairs.	☐ No	☐ Yes
f) Because of my back, I lie down to rest more often.	☐ No	☐ Yes
g) Because of my back, I have to hold on to something to get out of an easy chair.	☐ No	☐ Yes
h) Because of my back, I try to get other people to do things for me.	☐ No	☐ Yes
i) I get dressed more slowly than usual because of my back.	☐ No	☐ Yes
j) I only stand up for short periods of time because of my back.	☐ No	☐ Yes
k) Because of my back, I try not to bend or kneel down.	☐ No	☐ Yes
l) I find it difficult to turn over in bed because of my back.	☐ No	☐ Yes
m) My back is painful almost all the time.	☐ No	☐ Yes
n) I find it difficult to get out of a chair because of my back.	☐ No	☐ Yes
o) My appetite is not very good because of my back pain.	☐ No	☐ Yes
p) I have trouble putting on my socks (or stockings) because of the pain in my back.	☐ No	☐ Yes
q) I only walk short distances because of my back pain.	☐ No	☐ Yes
r) I sleep less well because of my back pain.	☐ No	☐ Yes
s) Because of my back pain, I get dressed with help from someone else.	☐ No	☐ Yes
t) I sit down for most of the day because of my back.	☐ No	☐ Yes
u) I avoid heavy jobs around the house because of my back.	☐ No	☐ Yes
v) Because of my back pain, I am more irritable and bad tempered with people than usual.	☐ No	☐ Yes
x) Because of my back pain, I go upstairs more slowly than usual.	☐ No	☐ Yes
y) I stay in bed most of the time because of my back.	☐ No	☐ Yes

3.2: **Neck** (including pain radiating in the arm)

	During the last 7 days	During last 12 months
33. a) Have you had pain or discomfort in the area shown in the diagram?	☐ No ☐ Yes	☐ No ☐ Yes

(If you never have had any neck or arm pain, ignore this part of the section and proceed to page 14).

b) What type of pain or discomfort did you have? (Tick all applicable alternatives)	☐ neck pain only ☐ arm pain/symptoms only ☐ neck and arm pain/symptoms	☐ neck pain only ☐ arm pain/symptoms only ☐ neck and arm pain/symptoms
c) How many episodes have you had?	0 ☐ more than 3 ☐ 1-3 ☐	1 ☐ 6 - 10 ☐ 2-5 ☐ more than 10 ☐
d) How long did they typically last?	☐ not applicable ☐ 3-6 days ☐ hours ☐ always ☐ 1-2 days	☐ not applicable ☐ 7-30 days ☐ hours ☐ 1-3 months ☐ 1-2 days ☐ 3-6 months ☐ 3-6 days ☐ always
e) How much time did you have to take off work due to the neck/arm pain?	☐ None ☐ 3-6 days ☐ 1-2 days ☐ whole 7 days	☐ None ☐ 1-3 months ☐ 1-6 days ☐ 3-6 months ☐ 7-14 days ☐ more than 6 ☐ 15-30 days months
f) Did you consult a doctor ?	☐ No ☐ Yes	☐ No ☐ Yes
g) What treatment did your doctor prescribe? (painkillers, physical therapy, surgery, other?)	☐ None ☐ Yes Namely: _____	☐ None ☐ Yes Namely: _____
h) Do you get neck pain during or shortly after driving a vehicle ?	☐ No ☐ Yes	☐ No ☐ Yes
i) If yes, for how long did this typically last?	☐ hours ☐ 3-6 days ☐ 1-2 days ☐ whole 7 days	☐ hours ☐ 1-3 months ☐ 1-6 days ☐ 3-6 months ☐ 7-14 days ☐ more than 6 ☐ 15-30 days months

During the last 7 days

(If you have not suffered specifically from neck pain or discomfort during the past 7 days go to page 14.

37. When your neck pain **first started**, how did it come on?

gradually ☐ suddenly outside work ☐ suddenly at work ☐

38. If suddenly, what were you doing at the time?

_____

39. Have you ever had a trauma to your neck that required a medical visit?

No ☐ Yes ☐

If No, please go to question 40

39a). What kind of trauma?

_____

39b). When did it happen? |__|__| *month* |__|__|__|__| *year*

40. Have you had to cut down, avoid, or give up any of your normal duties in the past 7 days because of pain in your neck.

No ☐ Yes ☐

If No, please go to question 41

40a). If yes, please try to estimate ho many hours or minutes it would take someone to make up the time lost from your work in this way?

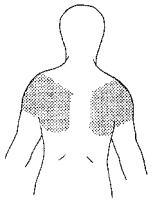
☐☐ *hrs* ☐☐ *minutes*

41. How would you rate your neck pain on a 0-10 scale during a typical day in the last 7 days (where 0 is "no pain" and 10 is "pain as bad as it could be")?

(please circle one number)

	No pain										***Pain as bad as it could be***
Neck	0	1	2	3	4	5	6	7	8	9	10

3.3: Shoulders



	During the last 7 days	During last 12 months
42a) Have you had pain or discomfort in the area shown in the diagram?	☐ No ☐ Yes	☐ No ☐ Yes

(If you never have had any neck or arm pain, ignore this part of the section and proceed to page 14).

b) What type of pain or discomfort did you have? (Tick all applicable alternatives)	☐ shoulder pain only ☐ arm/hand symptoms only ☐ shoulder and arm/hand symptoms	☐ shoulder pain only ☐ arm/hand symptoms only ☐ shoulder and arm/hand symptoms
c) How many episodes have you had?	0 ☐ more than 3 ☐ 1-3 ☐	1 ☐ 6 - 10 ☐ 2-5 ☐ more than 10 ☐
d) How long did they typically last?	☐ not applicable ☐ 3-6 days ☐ hours ☐ always ☐ 1-2 days	☐ not applicable ☐ 7-30 days ☐ hours ☐ 1-3 months ☐ 1-2 days ☐ 3-6 months ☐ 3-6 days ☐ always
e) How much time did you have to take off work due to the shoulder pain?	☐ None ☐ 3-6 days ☐ 1-2 days ☐ whole 7 days	☐ None ☐ 1-3 months ☐ 1-6 days ☐ 3-6 months ☐ 7-14 days ☐ more than 6 ☐ 15-30 days months
f) Did you consult a doctor ?	☐ No ☐ Yes	☐ No ☐ Yes
g) What treatment did your doctor prescribe? (painkillers, physical therapy, surgery, other?)	☐ None ☐ Yes Namely: _____	☐ None ☐ Yes Namely: _____
h) Do you get shoulder pain during or shortly after driving a vehicle?	☐ No ☐ Yes	☐ No ☐ Yes
i) If yes, for how long did this typically last?	☐ hours ☐ 3-6 days ☐ 1-2 days ☐ whole 7 days	☐ hours ☐ 1-3 months ☐ 1-6 days ☐ 3-6 months ☐ 7-14 days ☐ more than 6 ☐ 15-30 days months

During the last 7 days

(If you have not suffered from shoulder pain or discomfort during the past 7 days go to section 4, question 48)

43. When your shoulder pain **first started**, how did it come on?

gradually ☐ suddenly outside work ☐ suddenly at work ☐

44. If suddenly, what were you doing at the time?

_____

45. Have you ever had a trauma to your shoulder(s) that required a medical visit?

No ☐ Yes ☐

If No, please go to question 46

45. a). What kind of trauma?

_____

45. b).When did it happen? |__|__| *month* |__|__|__|__| *year*

46. Have you had to cut down, avoid, or give up any of your normal duties in the past 7 days because of pain in your shoulder(s).

No ☐ Yes ☐

If No, please go to question 47

46a).If yes, please try to estimate ho many hours or minutes it would take someone to make up the time lost from your work in this way?

☐☐ ***hrs*** ☐☐ ***mins***

47. How would you rate your shoulder(s) pain on a 0-10 scale during a typical day in the last 7 days (where 0 is "no pain" and 10 is "pain as bad as it could be")?

(please circle one number)

	No pain										***Pain as bad as it could be***
Shoulder	0	1	2	3	4	5	6	7	8	9	10

SECTION 4: Other parts of your body

48. Have you at any time during the last 12 months had trouble (such as ache, pain, discomfort, numbness) in:

Elbows

☐ No ☐ Yes

☐ in the right elbow
☐ in the left elbow
☐ in both elbows

Wrists/hands

☐ No ☐ Yes

☐ in the right wrist/hand
☐ in the left wrist/hand
☐ in both wrists/hands

Upper back

☐ No ☐ Yes

Hips/thighs/buttocks

☐ No ☐ Yes

☐ in the right hip
☐ in the left hip
☐ in both hips

Knees

☐ No ☐ Yes

☐ in the right knee
☐ in the left knee
☐ in both knees

Ankles/feet

☐ No ☐ Yes

☐ in the right ankle/foot
☐ in the left ankle/foot
☐ in both ankles/feet

Other disorders

49. Did you suffer from the following disorders?

	Ever had?		**Ever been treated?**	
a) Inguinal (groin) rupture (hernia)	☐ No	☐ Yes	☐ No	☐ Yes
b) Digestive disorders (aspecific stomach complaints, gastritis, stomach ulcer, intestinal complaints)	☐ No	☐ Yes	☐ No	☐ Yes
c) Circulatory problems (varicose veins, hemorrhoids, hypertension, heart complaints)	☐ No	☐ Yes	☐ No	☐ Yes
d) Raynaud's phenomenon, i.e. vibration white finger syndrome (white and/or cold fingers)	☐ No	☐ Yes	☐ No	☐ Yes
e) Urinary disorders (prostatitis, renal disorder)	☐ No	☐ Yes	☐ No	☐ Yes
f) Vestibular disturbances (dizziness)	☐ No	☐ Yes	☐ No	☐ Yes

Other symptoms and feelings

50. Firstly, some questions about how you feel and how things have been with you **during the past 4 weeks**. *Please tick the one box for each question which most closely reflects how you feel.*

How much of the time **during the past 4 weeks** …….		*None of the time*	*A little of the time*	*Some of the time*	*A good bit of the time*	*Most of the time*	*All of the time*
a)	…did you feel full of life?	☐	☐	☐	☐	☐	☐
b)	…have you been a very nervous person?	☐	☐	☐	☐	☐	☐
c)	…have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
d)	…have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
e)	…did you have a lot of energy?	☐	☐	☐	☐	☐	☐
f)	…have you felt downhearted and low?	☐	☐	☐	☐	☐	☐
g)	…did you feel worn out?	☐	☐	☐	☐	☐	☐
h)	…have you been a happy person?	☐	☐	☐	☐	☐	☐
i)	…did you feel tired?	☐	☐	☐	☐	☐	☐

51. Below is a list of problems people sometimes have. Please read each one carefully and circle the number 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) Faintness or dizziness.	0	1	2	3	4
b) Pains in the heart or chest.	0	1	2	3	4
c) Your feelings being easily hurt.	0	1	2	3	4
d) Feeling that people are unfriendly or dislike you.	0	1	2	3	4
e) Feeling inferior to others.	0	1	2	3	4
f) Nausea or upset stomach.	0	1	2	3	4
g) Trouble getting your breath.	0	1	2	3	4
h) Numbness or tingling in parts of your body.	0	1	2	3	4
i) Feeling weak in parts of your body.	0	1	2	3	4
j) Feeling very self-conscious with others.	0	1	2	3	4

Activity, work and back pain

52. Whether you have back pain or not, based on your views and what the doctor or others may have told you about pain in the back, how strongly do you agree with the following statements?

    Please circle one number for each statement which most closely reflects how you feel, ranging from 1 ‘Completely disagree’ to 5 ‘Completely agree’.

	Disagree				**Agree**
a) Physical activity worsens back pain.	1	2	3	4	5
b) Physical activities should be avoided if they might make the pain worse	1	2	3	4	5
c) An increase in pain is an indication to stop what one is doing	1	2	3	4	5
d) Rest is needed to get better	1	2	3	4	5
e) Normal work should be avoided until the pain is treated	1	2	3	4	5
f) It is important to see a doctor straight away at the first sign of trouble	1	2	3	4	5
g) Neglecting problems of this kind can cause permanent health problems	1	2	3	4	5
h) back pain normally gets better by itself	1	2	3	4	5