Use **only one cross** to answer each question (except question 5, where several answers are possible). If none of the answers are suitable, place your cross by the answer that is best suited.
To the girls: This questionnaire only asks about back pain that does not occur in connection with your menstruation (period).

**Age** (in years): _________ **Gender**: ☐ Boy ☐ Girl ☐ Divers

| | | | |
|---|---|---|---|
| **1. Neck**<br>The neck is shown in the picture:<br>Person seen from behind | 1a. Have you had pain in the neck? | ☐ Never<br>☐ Once or twice<br>☐ Once in a while<br>☐ Often | The faces below show how much something can hurt. The pain ranges from 'no pain' to 'a lot of pain'.<br>Put a cross (X) on the face which shows how much pain you have had in the neck when it was worst.<br>No pain … A lot of pain |
| | 1b. Have you had pain in the neck **in the last week**? | ☐ Never<br>☐ Once or twice<br>☐ Once in a while (several times a week)<br>☐ Every day | Put a cross (X) on the face which shows how much pain you have had in the neck when it was worst **last week**.<br>No pain … A lot of pain |
| **2. Middle of the back**<br>The middle of the back is shown in the picture:<br>Person seen from behind | 2a. Have you had pain in the middle of the back? | ☐ Never<br>☐ Once or twice<br>☐ Once in a while<br>☐ Often | Put a cross (X) on the face which shows how much pain you have had in the middle of the back when it was worst.<br>No pain … A lot of pain |
| | 2b. Have you had pain in the middle of the back **in the last week**? | ☐ Never<br>☐ Once or twice<br>☐ Once in a while (several times a week)<br>☐ Every day | Put a cross (X) on the face which shows how much pain you have had in the middle of the back when it was worst **last week**.<br>No pain … A lot of pain |
| **3. Lower back**<br>The lower back is shown in the picture:<br>Person seen from behind | 3a. Have you had pain in the lower back? | ☐ Never<br>☐ Once or twice<br>☐ Once in a while<br>☐ Often | Put a cross (X) on the face which shows how much pain you have had in the lower back when it was worst.<br>No pain … A lot of pain |
| | 3b. Have you had pain in the lower back **in the last week**? | ☐ Never<br>☐ Once or twice<br>☐ Once in a while (several times a week)<br>☐ Every day | Put a cross (X) on the face which shows how much pain you have had in the lower back when it was worst **last week**.<br>No pain … A lot of pain |
| **4. School, Sports, Treatment** | Have you stayed home from school because of neck or back pain?<br>☐ Never ☐ Once or twice ☐ Once in a while ☐ Often<br>Has neck or back pain sometimes stopped you from doing sports?<br>☐ Never ☐ Once or twice ☐ Once in a while ☐ Often<br>Have you been to a doctor, chiropractor or physiotherapist because of neck or back pain?<br>☐ Never ☐ Once or twice ☐ Once in a while ☐ Often | | |
| **5. Other pain** | Have you had pain in the following areas of your body in the last week (multiple answers possible)?<br>☐ No<br>☐ Yes, headache ☐ Yes, belly pain (apart from menstrual problems)<br>☐ Yes, arm pain (shoulder, elbow, hand) ☐ Yes, leg pain (thigh, knee, foot/ankle)<br>☐ Yes, pain in another place: (indicate the place where you had pain ) | | |
| **6. Sleep** | Did you have trouble falling asleep last week or did you wake up frequently during the night?<br>☐ Never ☐ Once or twice ☐ Once in a while (several times a week) ☐ Every night<br>Have you felt sleepy during the day in the last week?<br>☐ Never ☐ Once or twice ☐ Once in a while (several times a week) ☐ Every day | | |
| **7. General health** | How would you describe your health in general?<br>☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor<br>Do you think your health would be better without neck or back pain?<br>☐ No, because I don't have any neck/back pain<br>☐ No, because the neck/back pain has no effect on my health<br>☐ Yes, without neck/back pain my health would be much better<br>☐ Yes, without neck/back pain my health would be a little better | | |