

Appendix

Low back pain and Physical activity questionnaire

1.1. What was your age in years at your last birthday? _____years

1.2. Gender: _____

1.3. Height: _____m (ft) _____ cm (in) 1.3 a Weight: _____ kg (lbs)

1.4. Ethnicity: **(Please tick that applies to you)**

- NZ European
- Māori
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Other.....Please specify _____

1.5. Date of your amputation: _____

1.6. Side of your amputation: _____

1.7. How many years have you used a prosthesis? _____ Years _____ Months

1.8. Do you have a troublesome stump that affects your standing/ walking abilities?

- No
- Yes If yes, please explain _____

1.9. Do you have any of the following medical conditions? **(Please tick all that applies to you)**

- Arthritis, if yes, please specify what kind if known _____
- Cardiovascular (High blood pressure and heart disease)
- Depression
- Diabetes
- Parkinson's disease

- Kidney disease
- Peripheral vascular disease (poor blood circulation in arms/legs)
- Lung disease (such as Asthma)

1.10. Have you ever smoked or chewed tobacco? No Yes

1.11. Do you have any problems with your non amputated leg? No Yes

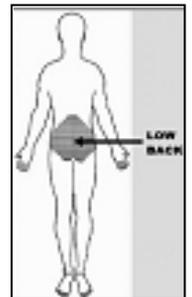
If yes, please explain _____

SECTION II. In this section, you will be asked about trouble you might have had around low back region (IN THE AREA SHOWN ON THE DIAGRAM). Please do not report pain from feverish illness or menstruation. (Please tick that applies to you)

2.1 Have you ever had a surgery to your back?

- No
- Yes

If yes, please explain _____



2.2. **In the past 4 weeks**, have you had pain in your low back region?

- No If not, please go to SECTION III
- Yes.....If so, please continue below.

If yes, was this pain bad enough to limit your usual activities or change your daily routine for more than one day?

- No
- Yes

2.3. If you had low back pain in the past 4 weeks, how often did you have the pain?

- On some days
- On most days
- Everyday

2.4. If you had low back pain in the past 4 weeks, how long was it since you had a whole month **without** any low back pain? **(Please tick only one box).**

- Less than 3 months
- 3 months or more but less than 7 months
- 7 months or more but less than 3 years
- 3 years and more

- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hour per day did you spend in these **light sport or recreational activities**?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

3.3. During the past 7 days, how often did you engage in **moderate sport and recreational activities** such as doubles tennis, softball, golf without a cart, ballroom dancing, wheeling or pushing for pleasure or other similar activities?

- Never (**GO TO #3.4**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend in these **moderate sport and recreational activities**?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

3.4. During the past 7 days, how often did you engage in **strenuous sport and recreational activities** such as jogging, wheel chair racing(training),off-road pushing, swimming, aerobic dance, arm cranking, cycling(hand or leg),singles tennis, rugby, basketball, walking with crutches and braces, or other similar activities

- Never (**GO TO #3.5**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend in these **strenuous sport or recreational activities**?

- Less than 1 hour
- 1 but less than 2 hours
- 2- 4 hours
- More than 4 hours

3.5. During the past 7 days, how often did you do any exercise **specifically to increase muscle strength and endurance such as lifting weights, push-ups, pull-ups, dips, or wheelchair push-ups, etc?**

- Never (**GO TO #3.6**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend in these **exercises to increase muscle strength and endurance?**

- Less than 1 hour
- 1 but less than 2 hours
- 2- 4 hours
- More than 4 hours

Household Activity

3.6. During the past 7 days, how often have you done any **light housework, such as dusting, sweeping floors or washing dishes?**

- Never (**GO TO #3.7**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend doing **light housework?**

- Less than 1 hour
- 1 but less than 2 hours
- 2- 4 hours
- More than 4 hours

3.7. During the past 7 days, how often have you done any **heavy housework or chores such as vacuuming, scrubbing floors, washing windows, or walls, etc?**

- Never (**GO TO #3.8**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend doing **heavy housework or chores?**

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

3.8. During the past 7 days, how often have you done **home repairs** like carpentry, painting, furniture refinishing, electrical work, etc?

- Never (**GO TO #3.9**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend doing **home repairs**?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

3.9. During the past 7 days, how often have you done **lawn work or yard care** including mowing, leaf or snow removal, tree or bush trimming, or wood chopping, etc?

- Never (**GO TO #3.10**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend doing **lawn work**?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

3.10. During the past 7 days, how often have you done **outdoor gardening**?

- Never (**GO TO #3.11**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend doing **outdoor gardening**?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

3.11. During the past 7 days, how often did you **care for another person**, such as children, a dependent spouse, or another adult?

- Never (**GO TO #3.12**)
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

On average, how many hours per day did you spend **cares for another person**?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

Work-Related Activity

3.12. During the past 7 days, how often did you **work for pay or as a volunteer**? (Exclude work that mainly involved sitting with slight arm movement such as light office work, computer work, light assembly line work, driving bus or van, etc.)

- Never (**GO TO END OF THE QUESTIONNAIRE**)
- Seldom (1-2days)
- Sometimes (3-4days)
- Often (5-7days)

On average, how many hours per day did you spend **working for pay or as a volunteer**?

- Less than 1 hour
- 1 but less than 4 hours
- 5 but less than 8 hours
- 8 hours or more

It would be very helpful to have your **completed questionnaire** and the **consent form** returned to us in the stamped addressed envelope by **April 27 2011**.

Thank you for your time and consideration. It's only with the generous help of people like you that our research can be successful.