

SUPPLEMENTARY APPENDIX

STEP 1 SURVEY

BACK PAIN PROFILING OMNIBUS

S0 - Country

US	1
Russia	2
Germany	3
China	4

PART 1: SCREENER

S5

Please include standard question for each country

S10

Please record your gender.

SA

Male	1
Female	2

S15

Please record your age.

Fill in precise age

NUMERIC

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 Years Old

RECODE

1. Under 18 years old **[CLOSE]**
2. 18-24 years old
3. 25-34 years old
4. 35-44 years old
5. 45-50 years old
6. 51-59 years old **[CLOSE FOR CHINA ONLY]**
7. 60-65 years old **[CLOSE FOR CHINA & RUSSIA]**
8. 66 years old and over **[CLOSE]**

QUOTAS: (NAT REP)

S20

US Specific

What is your current employment status?

- _1 Employed full-time
- _2 Employed part-time
- _3 Self employed
- _4 Unemployed but looking for a job
- _5 Unemployed and not looking for a job/Long-term sick or disabled
- _6 Full-time parent, homemaker
- _7 Retired
- _8 Student/Pupil

RECODE QEMP

WORKINGSTATUS_1

SINGLE PUNCH

_1 Working IF QEMP =1 OR 2 OR 3

_2 Not Working IF QEMP =4 OR 5 OR 6 OR 7 OR 8

Russia Specific

Статус занятости

Выберите пожалуйста один ответ

SA

- _9 Полный рабочий день
- _10 Не полный рабочий день
- _11 Имеете собственное дело / являетесь работодателем
- _12 Работаете внештатно / работаете на себя
- _13 Безработный (-ая), но ищущую работу
- _14 Безработный (-ая) и не ищущую работу / никогда не работал
- _15 Домохозяйка
- _16 Пенсионер
- _17 Школьник / студент / обучение на дневном отделении
- _18 Призывник

RECODE QEMP

WORKINGSTATUS_1

SINGLE PUNCH

- _1 Working IF QEMP =9 OR 10 OR 12 or 11**
- _2 Not Working IF QEMP =13 OR 14 OR 15 OR 16 OR 17 or 18**

Germany Specific

Was ist Ihr gegenwärtiger Beschäftigungsstatus?

Bitte eine Möglichkeit auswählen

- _19 Vollzeit
- _20 Teilzeit
- _21 Selbstständig
- _22 Arbeitslos aber auf der Suche nach einem Job
- _23 Arbeitslos und nicht auf der Suche nach einem Job/ arbeitsunfähig
- _24 Hausmann/ Hausfrau
- _25 In Rente
- _26 Student/ Schüler/ gantztägig in der Ausbildung

RECODE QEMP

WORKINGSTATUS_1

SINGLE PUNCH

- _1 Working IF QEMP=19 OR 20 OR 21**
- _2 Not Working IF QEMP=22 OR 23 OR 24 OR 25 OR 26**

China Specific

Which of these best describes your current working status? 您目前的工作状况与以下哪项描述最为贴近?

- | | | |
|----|----------------------|-------|
| 27 | Full-time | 全职 |
| 28 | Part-time | 兼职 |
| 29 | Housewife / Houseman | 理家 |
| 30 | Currently unemployed | 目前失业中 |
| 31 | Retired | 退休 |
| 32 | Apprentice | 学徒 |
| 33 | Pupil / student | 学生 |

RECODE QEMP

WORKINGSTATUS_1

SINGLE PUNCH

_1 Working IF QEMP=27 OR 28

_2 Not Working IF QEMP=29 OR 30 OR 31 OR 32 OR 33

PART 2: BACK PAIN DESCRIPTORS

Q1 – Primary Symptoms’ information

Which of the following conditions have you, yourself, experienced in the past 6 months?

SELECT ALL THAT APPLY

MA

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT ROTATE

1	Sore / scratchy throat
2	Neck pain or shoulder pain
3	Back pain
4	Joint pain
5	Aches and cramps types of muscle pain
6	Strains and sprains
7	Bruises
8	Wet cough/Dry Cough
998	None

IF CODE 2 OR 3, CONTINUE AND ASK Q2, OTHERWISE GO TO SOCIO-DEMOGRAPHICS

Q2

How many of these pain episodes (neck/ shoulder/ back) have you experienced in the past 6 months?

ENTER EXACT NUMBER

NUMERIC – RANGE 1 TO 99

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[if more than 3 display text below]

As you experienced more than 3 of these pain episodes, please think about the 3 most recent ones for the following questions. Start from the most recent to the least recent one.

Q3

How long would you say each of these pain episodes lasted?

ENTER EXACT NUMBER OF MONTHS, WEEKS, DAYS AND HOURS

PLEASE ASK FOR EACH EPISODE AT Q.2 WHEN APPLICABLE

PLEASE SHOW:

01 TO 99 AT Q.2 = TEXT 1: First episode / Most recent

02 TO 99 AT Q2 = TEXT 2: Second episode

03 TO 99 AT Q.2 = TEXT 3: Third episode

NUMERIC

<input type="text"/>	<input type="text"/>	MONTHS	RANGE 0- 6
<input type="text"/>	<input type="text"/>	WEEKS	RANGE 0- 30
<input type="text"/>	<input type="text"/>	DAYS	RANGE 0- 210
<input type="text"/>	<input type="text"/>	HOURS	RANGE 0- 5040

IF SUM (MONTHS X 4) + WEEKS + (DAYS / 7) ≥ 12 IN Q3 FOR EACH EPISODE - GO TO SOCIO-DEMOGRAPHICS

ASK FOR EACH EPISODE NOT ≥ 12 AT Q.3

Q4

For each of these pain episodes in the past 6 months, would you say you mostly suffered from upper, middle or lower back pain?

SELECT ONE PER EPISODE

SA PER COLUMN

Please use the image below to guide your selection:



	First episode / Most recent	Second episode	Third episode
Upper back pain	1	1	1
Middle back pain	2	2	2
Lower back pain	3	3	3
Not sure/Don't know	4	4	4
None of the above	998	998	998

IF 998 FOR ALL 3 EPISODES GO TO SOCIO-DEMOGRAPHICS

ASK FOR EACH EPISODE NOT CODE 998 AT Q.4

Q5

Indicate how **painful** each back pain episode was to you. Please register the worst level of pain you experienced during each episode, by using a 0 – 10 point scale where:

- 0 = No pain
- 10 = Worst possible pain

SELECT ONE PER EPISODE

SA PER COLUMN

ACROSS THE TOP: PIPE IN NUMBER OF EPISODES [MAX 3]

	First episode / Most recent	Second episode	Third episode
0 No pain			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10 Worst possible pain			

PART 3: BACK PAIN TRIGGERS

ASK FOR EACH EPISODE NOT CODE 998 AT Q.4

Q6

We will show different types of activities that can be the cause of back pain.

For each we would like please select the activity, if any, that triggered one of your recent back pain.

SELECT ONE PER EPISODE

SA PER COLUMN

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Sport activities	1	1	1
Leisure activities (gardening, DIY etc.)	2	2	2
Regular activities (carrying groceries, sitting down or getting out of a seat etc.)	3	3	3
Other, please specify COLLECT VERBATIM	998	998	998

ASK FOR EACH EPISODE CODE 1 AT Q.6

Q7

You said your back pain was due to sport activities. Which particular sport activity triggered back pain?

SELECT ONE PER EPISODE

SA PER COLUMN

RANDOMIZE STATEMENTS – PLEASE KEEP BLOCK OF CODES 1 AND 2 TOGETHER WHEN RANDOMIZING

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
American football	1	1	1
Athletics (track and field sports)	2	2	2
Badminton	3	3	3
Baseball	4	4	4
Basketball	5	5	5
Bowling	8	8	8
Cycling	9	9	9
Golf	10	10	10
Gymnastics	11	11	11
Gym workout	12	12	12
Horse riding	13	13	13
Ice hockey	14	14	14
Martial arts	15	15	15
Rowing	16	16	16
Running	17	17	17
Sailing	18	18	18
Skiing	19	19	19
Soccer	20	20	20
Squash	21	21	21
Swimming	22	22	22
Table tennis	23	23	23
Tennis	24	24	24
Volleyball /Netball	25	25	25
Weight lifting	26	26	26
Other, please specify COLLECT VERBATIM	998	998	998

ASK FOR EACH EPISODE CODE 2 AT Q.6

Q8

You said your back pain was due to leisure activities. Which particular leisure activity triggered back pain?

SELECT ONE PER EPISODE

SA PER COLUMN

RANDOMIZE STATEMENTS –

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Bowling	1	1	1
Cycling/riding a bike	2	2	2
DIY	3	3	3
Fishing	4	4	4
Gardening	5	5	5
FOR DE/CHINA/RUSSIA: Horse riding FOR US ONLY: Horseback riding	6	6	6
Playing ping pong	7	7	7
Rowing	8	8	8
Running	9	9	9
Sailing	10	10	10
Skateboarding	11	11	11
Skiing	12	12	12
Swimming	13	13	13
Using my computer	14	14	14
Walking/hiking	15	15	15
Watching the TV	16	16	16
Other, please specify COLLECT VERBATIM	998	998	998

ASK FOR EACH EPISODE CODE 3 AT Q.6

Q9

You said your back pain was due to regular activities. Which particular regular activity triggered back pain?

SELECT ONE PER EPISODE

SA PER COLUMN

RANDOMIZE STATEMENTS –

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Bending down	1	1	1
Carrying groceries	2	2	2
Doing a physical activity at work	3	3	3
Doing housework	4	4	4
Leaning forward	5	5	5
Lifting a heavy object	6	6	6
Playing with my children/relatives	7	7	7
Poor posture	8	8	8
Sexual activity	9	9	9
Sitting at work	10	10	10
Sitting in front of computer	11	11	11
Washing the dishes	12	12	12
Work	13	13	13
Other, please specify COLLECT VERBATIM	998	998	998

PART 4: TREATMENTS USED FOR BACK PAIN

ASK FOR EACH EPISODE NOT CODE 998 AT Q.4

Q10

For each of the back pain episodes you have experienced in the past 6 months, which of the following means listed have you used to treat it?

SELECT ALL THAT APPLY

MA PER COLUMN

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Bed rest	1	1	1
Devices for pain management (e.g. TENS machines)	2	2	2
Exercises	3	3	3
Herbal/ nutritional supplements (such as zinc, vitamin C, etc.)	4	4	4
Homeopathic products/medicine	5	5	5
Local cold, e.g. ice packs, cold packs, etc....	6	6	6
Local heat, e.g. heat packs, heat patches, etc....	7	7	7
Massage	8	8	8
Non-prescription products	9	9	9
Other natural treatment/ home treatment (saltwater, steam, juices, certain foods, etc.)	10	10	10
Physiotherapy	11	11	11
Prescription products	12	12	12
Osteopath manipulation/osteopathy	13	13	13
Strapping/taping	14	14	14
Traditional Chinese Medicine (TCM)	15	15	15
Did not treat SINGLE CODE, KEEP ITS POSITION	998	998	998

ASK FOR EACH EPISODE CODE 9 IN Q.10

Q11a

Which non-prescription products have you used to treat your back pain in the last 6 months?

SELECT ALL THAT APPLY

MA PER COLUMN

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Creams or gels	1	1	1
Muscle relaxant	2	2	2
Oral painkillers (such as pills, caplets, sachets etc)	3	3	3
Patches	4	4	4
Other, please specify COLLECT VERBATIM	998	998	998

ASK ONLY ONCE

Q11b

For each of the non-prescription products you have used to treat your back pain in the last 6 months, would you use it again?

SELECT ONE PER COLUMN

SA PER COLUMN

ACROSS THE TOP: PIPE IN TREATMENTS USED PAST 6 MONTHS

IE INCLUDE 'Creams or gels' IF ANY EPISODE CODE 1 AT Q11a

IE INCLUDE 'Muscle relaxant' IF ANY EPISODE CODE 2 AT Q11a

Etc...

	Creams or gels	Muscle relaxant	Oral painkillers (such as pills, caplets, sachets etc...)	Patches	Include verbatim from Q11a 1 st episode	Include verbatim from Q11a 2 nd episode	Include verbatim from Q11a 3 rd episode
Would definitely use it again	5	5	5	5	5	5	5
Would probably use it again	4	4	4	4	4	4	4
Might or might not use it again	3	3	3	3	3	3	3
Would probably not use it again	2	2	2	2	2	2	2
Would definitely not use it again	1	1	1	1	1	1	1

ASK FOR EACH EPISODE CODE 12 IN Q.10

Q11c

Which prescription products have you used to treat your back pain in the last 6 months?

SELECT ALL THAT APPLY

MA PER COLUMN

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Creams or gels	1	1	1
Muscle relaxant	2	2	2
Oral painkillers (such as pills, caplets, sachets etc)	3	3	3
Patches	4	4	4
Injections	5	5	5
Other, please specify COLLECT VERBATIM	998	998	998

ASK ONLY ONCE

Q11d

For each of the prescription products you have used to treat your back pain in the last 6 months, would you use it again?

SELECT ONE PER COLUMN

SA PER COLUMN

ACROSS THE TOP: PIPE IN TREATMENTS USED PAST 6 MONTHS

IE INCLUDE 'Creams or gels' IF ANY EPISODE CODE 1 AT Q11c

IE INCLUDE 'Muscle relaxant' IF ANY EPISODE CODE 2 AT Q11c

Etc...

	Creams or gels	Muscle relaxant	Oral painkillers (such as pills, caplets, sachets etc...)	Patches	Injections	Include verbatim from Q11c 1 st episode	Include verbatim from Q11c 2nd episode	Include verbatim from Q11c 3 rd episode
Would definitely use it again	5	5	5	5	5	5	5	5
Would probably use it again	4	4	4	4	4	4	4	4
Might or might not use it again	3	3	3	3	3	3	3	3
Would probably not use it again	2	2	2	2	2	2	2	2
Would definitely not use it again	1	1	1	1	1	1	1	1

ASK FOR EACH EPISODE NOT CODE 998 AT Q.4

Q12

Which type of health care professional, if any, did you visit to treat your back pain in the last 6 months?

SELECT ALL THAT APPLY

MA PER COLUMN

RANDOMIZE STATEMENTS

CODE 999 – EXCLUSIVE – DO NOT ROTATE

	First episode / Most recent	Second episode	Third episode
Acupuncturist	1	1	1
Chiropractor	2	2	2
Clinic	3	3	3
General Practitioner	4	4	4
Herbalist	5	5	5
Hospital/emergency room	6	6	6
Osteopath	7	7	7
Pain Specialist	8	8	8
Pharmacist	9	9	9
Physical Therapist / Physiotherapist	10	10	10
Physician	11	11	11
Physiatrist	12	12	12
Surgeon	13	13	13
TCM (Traditional Chinese Medicine) Specialist	14	14	14
Other, please specify COLLECT VERBATIMS	998	998	998
None	999	999	999

PART 5: ADDITIONNAL DEMOS

D1

US Specific

What is your marital status?

SA

- _1 Single, never married
- _2 Living with partner
- _3 Married
- _4 Widowed
- _5 Divorced or separated

Russia Specific

Каково Ваше семейное положение. ?

(Выберите один вариант ответа)

SA

- _6 Холост / не замужем
- _7 Гражданский брак
- _8 Женат / замужем
- _9 Живу отдельно (не разведен(а))
- _10 В официальном разводе
- _11 Вдова / вдовец

Germany Specific

Sind Sie ...

(Bitte eine Antwort auswählen)

SA

- 12. Verheiratet oder in einer nichtehelichen Partnerschaft lebend
- 13. Verwitwet
- 14. Alleinstehend/nie verheiratet
- 15. Geschieden/getrennt lebend
- 16. In einer häuslichen Lebensgemeinschaft
- 17. Ich möchte hierzu keine Angabe machen

China Specific

请问您目前的婚姻状况是?

(单选)

18	Single, never married	单身，没有结过婚
19	Married/ cohabitation	已婚/同居
20	Widowed	丧偶
21	Divorced	离异
22	Separated	分居
23	Don't Know/Refuse	不知道/拒绝回答

D2

Including yourself, how many people are living in your household?

Please type in

NUMERIC – RANGE 1 - 30

Number of people in household _____

SKIP D3 IF 1 AT D2**D3**

Do you have children aged 18 or below living in your household?

SA

Yes

No

D4**IF CODE 1 OR 2 OR 3 AT S20**

What is your current occupation?

Please tick one circle only.

SA

1	Agricultural and fishery workers
2	Building and road construction workers
3	Craft and related trades workers
4	Fire department/police/army workers
5	Health care professionals/nursing/elderly care workers
6	Legislators, senior officials and managers
7	Movers
8	Office workers
9	Plant and machine operators and assemblers
10	Professionals
11	Professional sportsmen/women and dancers
12	Retail workers
13	School teachers
14	Service workers
15	Sport and fitness industry workers
16	Transport services and industry workers
998	Others - Please specify: / _____ /

D5**US Specific**

Into which category does your **PERSONAL** pre-tax annual income from all sources fall? Please take into consideration all your income sources: salaries, scholarships, pension and Social Security payments, dividends from shares, income from rental properties, child support and alimony etc. Please note that we are not interested in the type of income source, only in your personal and total annual income.

Please tick one circle only.

SA

1. Under \$5,000
2. \$5,000 to \$9,999
3. \$10,000 to \$14,999
4. \$15,000 to \$19,999
5. \$20,000 to \$24,999
6. \$25,000 to \$29,999
7. \$30,000 to \$34,999
8. \$35,000 to \$39,999
9. \$40,000 to \$44,999
10. \$45,000 to \$49,999
11. \$50,000 to \$54,999
12. \$55,000 to \$59,999
13. \$60,000 to \$64,999
14. \$65,000 to \$69,999
15. \$70,000 to \$74,999
16. \$75,000 to \$79,999
17. \$80,000 to \$84,999
18. \$85,000 to \$89,999
19. \$90,000 to \$94,999
20. \$95,000 to \$99,999
21. \$100,000 to \$124,999
22. \$125,000 to \$149,999
23. \$150,000 to \$199,999
24. \$200,000 to \$249,999
25. \$250,000 or more
26. Prefer not to say

Russia Specific

К какой категории относится **СОВОКУПНЫЙ ЧИСТЫЙ** месячный доход Вашего **ДОМОХОЗЯЙСТВА** с учетом всех источников (т.е. доход после вычета налогов)?

Укажите все источники доходов, включая заработную плату, стипендию, пенсию и пособия социального страхования, дивиденды на акции, доход от аренды собственности, пособие на детей и алименты и т. д. Обратите внимание на то, что нас не интересует вид источника дохода, а только совокупный месячный доход всех членов домохозяйства.

SA

- | | |
|-----|------------------------|
| _27 | Менее 3 000 Рублей |
| _28 | 3 000 – 5 000 Рублей |
| _29 | 5 001 – 7 000 Рублей |
| _30 | 7 001 – 10 000 Рублей |
| _31 | 10 001 – 15 000 Рублей |
| _32 | 15 001 – 20 000 Рублей |
| _33 | 20 001 – 30 000 Рублей |
| _34 | Более 30 000 Рублей |
| _35 | Воздержусь от ответа |

Germany Specific

Wie hoch ist das GEMEINSAME monatliche NETTOEINKOMMEN (nach Steuern) IHRES HAUSHALTS – das von allen Mitgliedern des Haushalts verdient wird?

Beziehen Sie ALLE Einnahmen aller Haushaltsmitglieder aus allen Einnahmequellen ein, z. B.: Löhne/Gehälter, Stipendien, Rente/ Sozialleistungen, Dividenden aus Aktienbesitz, Mieteinnahmen, Unterhalt, Alimente, etc. Wir sind nicht an der Art der Einkommensquelle interessiert, nur am monatlichen Gesamteinkommen, das von allen Mitgliedern des Haushalts verdient wird

SA

_36 €0 - €500

_37 €501-750

_38 €751-1000

_39 €1001-1250

_40 €1251-1500

_41 €1501-1750

_42 €1751-2000

_43 €2001-2500

_44 €2501-3000

_45 €3001-4000

_46 €4001-5000

_47 €5001-10,000

_48 €10,001 und mehr

_49 Keine Antwort

China Specific

	下面哪一项最能代表您家庭每月的总收入呢？请包括所有奖金，工资，津贴等在内。	Please choose the group which represents your monthly household income.
50	800元以下	Below 800 yuan
51	800-999元	800 – 999yuan
52	1000-1199元	1000 – 1199yuan
53	1200-1499元	1200 – 1499yuan
54	1500-1999元	1500 – 1999yuan
55	2000-2499元	2000 – 2499yuan
56	2500-2999元	2500 – 2999yuan
57	3000-3499元	3000 – 3499yuan
58	3500-3999元	3500 – 3999yuan
59	4000-4499元	4000 – 4499yuan
60	4500-4999元	4500 – 4999yuan
61	5000-5499元	5000 – 5499yuan
62	5500-5999元	5500 – 5999yuan
63	6000-6499元	6000 – 6499yuan
64	6500-6999元	6500 – 6999yuan
65	7000-7499元	7000 – 7499yuan
66	7500-7999元	7500 – 7999yuan
67	8000-8999元	8000 – 8999yuan
68	9000-9999元	9000 – 9999yuan
69	10000-14999元	10000 – 14999yuan
70	15000-19999元	15000 – 19999yuan
71	20000-24999元	20000 – 24999yuan
72	25000-29999元	25000 – 29999yuan
73	30000或以上	30000 or more
74	不知道 / 拒绝回答	Not know / refuse to answer

US ONLY

D6

So that we know we are interviewing people of all backgrounds, which of the following best describes your ethnic or racial background?

Please tick one circle only.

SA

1. Asian or Pacific Islander
2. Black or African American
3. Caucasian or White
4. Hispanic
5. American Indian, Eskimo or Aleutian
6. Some other group

STEP 2 SURVEY

BACK PAIN PROFILING OMNIBUS

Changes 27.06.17
Changes 28.06.17

S0 - Country

US	1
Russia	2
Germany	3
China	4

PART 1: SCREENER / SCREENER VALIDATION

S5

Region

Please include standard question for each country

S10

Please record your gender.

SA

Male	1
Female	2

S15

Please record your age.

Fill in precise age

NUMERIC

--	--

 Years Old

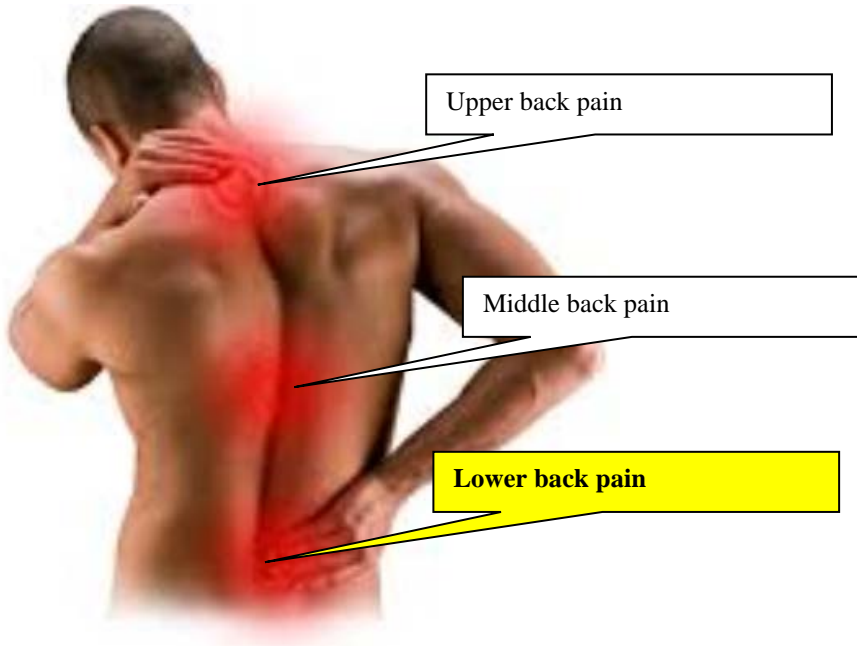
RECODE

1. Under 18 years old **[CLOSE]**
2. 18-24 years old
3. 25-34 years old
4. 35-44 years old
5. 45-50 years old
6. 51-59 years old
7. 60-65 years old
8. 66 years old and over **[CLOSE]**

QUOTAS: (NAT REP)

PART 1: WEBCRUISER SCREENER

WC1. How many lower back pain episode(s) have you experienced in the past 6 months?



NUMERIC 0-99

		lower back pain experienced in the past 6 months
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IF "0", TERMINATE, OTHERWISE CONTINUE

WC2. Among the lower back pain episode(s) you experienced in the past 6 months, how many lasted between 7 and 21 days?

NUMERIC 0 - MAX NUMBER OF BACK PAIN EXPERIENCED IN WC1

		lasted between 7-21 days
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IF "0", TERMINATE, OTHERWISE CONTINUE

WC3. According to you, how many of your lower back pain episode(s) were triggered by the following activities?

NUMERIC MIN: 0 – MAX: NUMBER OF BACK PAIN EXPERIENCED IN WC2 PER SPLIT AND PER TOTAL SUM

		Number of back pain episode(s) triggered by the activity
1	Badminton	/ _ /

2	Basketball	/ /
3	Cycling	/ /
4	Golf	/ /
5	Gym workout	/ /
6	Running	/ /
7	Weight lifting	/ /
98	None of my <u>lower</u> back pain episode(s) were triggered by the above activities	98

IF CODE 98, TERMINATE, OTHERWISE RESPONDENT IS ELECTED AND CAN CONTINUE

PART 2: BACK PAIN DESCRIPTORS

PM NOTE: FOR WEBCRUISER STUDIES ALL SCREENING QUESTIONS ARE PLACED IN THE WEBBY – NO SCREENERS ARE ALLOWED IN THE REDIRECT/FOLLOW UP. PLEASE UPDATE THE FORECAST WITH THE NUMBER OF WEBBY QUESTIONS AFTER MOVING THEM. THIS WILL GENERATE AN EXTRA COST

Q1 – Primary Symptoms’ information

Which of the following conditions have you, yourself, experienced in the past 6 months?

SELECT ALL THAT APPLY

MA

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT ROTATE

1	Severe headache/migraine
2	Neck pain or shoulder pain
3	Back pain
4	Joint pain
5	Aches and cramps types of muscle pain
6	Strains and sprains
998	None

IF CODE 3, CONTINUE AND ASK Q2, OTHERWISE CLOSE

Q2

How many of these back pain episodes have you experienced in the past 6 months?

ENTER EXACT NUMBER

NUMERIC – RANGE 1 TO 99

--	--

[if more than 6 display text below]

As you have experienced more than 6 of these back pain episodes, please think about the 6 most recent ones for the following questions. Start from the most recent to the least recent one.

Q3

How long would you say each of these back pain episodes lasted?

ENTER EXACT NUMBER DAYS

FOR ONE WEEK COUNT 7 DAYS AND FOR ONE MONTH COUNT 30 DAYS

PLEASE ASK FOR EACH EPISODE AT Q.2 WHEN APPLICABLE

PLEASE SHOW:

01 TO 99 AT Q.2 = TEXT 1: First episode / Most recent

02 TO 99 AT Q2 = TEXT 2: Second episode

03 TO 99 AT Q.2 = TEXT 3: Third episode

04 TO 99 AT Q.2 = TEXT 4: Fourth episode

05 TO 99 AT Q2 = TEXT 5: Fifth episode

06 TO 99 AT Q.2 = TEXT 6: Sixth episode

REGISTER ALL PAST 6 MONTHS EPISODES

NUMERIC

--	--

DAYS

RANGE 0- 210

IF NUM <7 FOR EACH EPISODE - CLOSE

IF NUM >21 FOR EACH EPISODE – CLOSE

IF SUM >84 FOR ALL THE EPISODES IN THIS QUESTION – CLOSE

ASK FOR EACH EPISODE LASTING BETWEEN 7 AND 21 DAYS (INCLUDED)

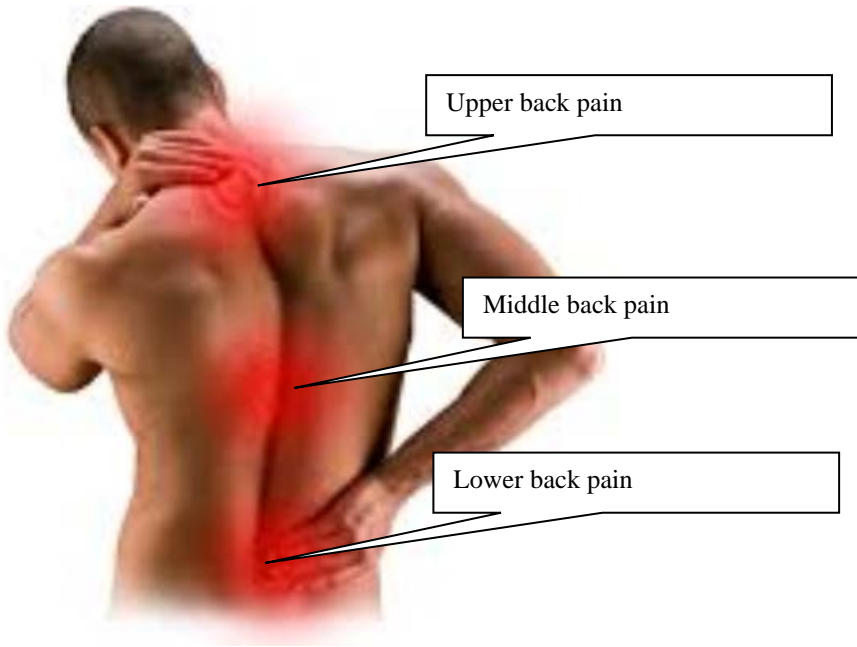
Q4

For each of these back pain episodes in the past 6 months, would you say you mostly suffered from upper, middle or lower back pain?

SELECT ONE PER EPISODE

SA PER COLUMN

Please use the image below to guide your selection:



PLEASE ASK FOR EACH EPISODE LASTING BETWEEN 7 AND 21 DAYS

Upper back pain	1
Middle back pain	2
Lower back pain	3
Not sure/Don't know	4
None of the above	998

IF NO CODE 3 (LOWER BACK PAIN) FOR AT LEAST 1 EPISODE CLOSE

PART 3: LOWER BACK PAIN TRIGGERS

ASK FOR EACH EPISODE CODE 3 AT Q.4

Q5

Which of the following activities would you say triggered your lower back pain?

SELECT ONE PER EPISODE

SA PER COLUMN

PIPE IN ALL EPISODES CODE 3 IN Q4

	INSERT EPISODE CODE 3 IN Q4	INSERT EPISODE CODE 3 IN Q4	INSERT EPISODE CODE 3 IN Q4
Badminton	1	1	1
Basketball	2	2	2
Cycling	3	3	3
Golf	4	4	4
A gym workout	5	5	5

Running	6	6	6
Weight lifting	7	7	7
Other, please specify COLLECT VERBATIM	98	98	98
None in particular	99	99	99

IF CODES 98 OR 99 ONLY STOP INTERVIEW

USA ONLY IF CODES 4 OR 5 OR 7 NOT CODED FOR AT LEAST 1 EPISODE STOP INTERVIEW

RUSSIA ONLY IF CODES 5 OR 6 OR 7 NOT CODED FOR AT LEAST 1 EPISODE STOP INTERVIEW

GERMANY ONLY IF CODES 3 OR 5 OR 6 NOT CODED FOR AT LEAST 1 EPISODE STOP INTERVIEW

CHINA ONLY IF CODES 1 OR 2 OR 5 NOT CODED FOR AT LEAST 1 EPISODE STOP INTERVIEW

PART 4: FOCUS ON ACTIVITIES

Q10 FILTER

IF Q5 CONTAINS MORE THAN 1 ACTIVITY OUT OF THE ACTIVITIES OF INTEREST (SEE TABLE BELOW) SELECT ONE ACTIVITY RANDOMLY USING THE LEAST FILL CRITERIA. USE THE SELECTED ACTIVITY FOR ALL THE FOLLOWING QUESTIONS

CHINA ONLY: IF Q5 CONTAINS MORE THAN 1 ACTIVITY OUT OF THE ACTIVITIES OF INTEREST (SEE TABLE BELOW) THE ACTIVITY WILL BE SELECTED MANUALLY. USE THE SELECTED ACTIVITY FOR ALL THE FOLLOWING QUESTIONS.

CHINA ONLY : ALLOW INTERVIEWER TO SELECT ONLY ONE ACTIVITY

CHINA ONLY : PLEASE DISPLAY THE FOLLOWING SENTENCE

INTERVIEWER ONLY : PLEASE SELECT MANUALLY ONLY ONE ACTIVITY USING THE LEAST FILL CRITERIA

		US	RUSSIA	GERMANY	CHINA
1	badminton				X
2	basketball				X
3	cycling			X	
4	golf	X			
5	a gym workout	X	X	X	X
6	running		X	X	
7	weight lifting	X	X		

Q10a

Indicate how **painful** the lower back pain episode caused by **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** was to you. Please indicate the worst level of pain you experienced during each episode, using the scale below, where:

- 0 = Almost no pain
- 10 = Worst possible pain

Select a number on the scale for each episode
SA PER COLUMN

	INSERT EPISODE CODE 3 IN Q4 FROM ACTIVITY SELECTED AT Q10 FILTER	INSERT EPISODE CODE 3 IN Q4FROM ACTIVITY SELECTED AT Q10 FILTER	INSERT EPISODE CODE 3 IN Q4FROM ACTIVITY SELECTED AT Q10 FILTER
0 Almost no pain			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10 Worst possible pain			

Q10b

Please indicate which of the following caused lower back pain while you were participating in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**?

SELECT ONE CAUSE PER EPISODE
SA PER COLUMN

	INSERT EPISODE CODE 3 IN Q4 FROM ACTIVITY SELECTED AT Q10 FILTER	INSERT EPISODE CODE 3 IN Q4 FROM ACTIVITY SELECTED AT Q10 FILTER	INSERT EPISODE CODE 3 IN Q4 FROM ACTIVITY SELECTED AT Q10 FILTER
Wrong posture	1	1	1
Wrong movement	2	2	2
Too fast movement	3	3	3
Repetitive movement	4	4	4
Prolonged movement or activity	5	5	5
Accident (fell off/down, got hurt by an external object/person etc.)	6	6	6
Old injury	9	9	9

Other, please specify COLLECT VERBATIM	98	98	98
None in particular	99	99	99

For the following questions, we would like to better understand how you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**

ASK FOR CYCLING ONLY (CODE 3 IN Q10 FILTER)

Q11

When **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** what type of bike do you ride most often?

SELECT ONE ANSWER

SA

1	Road Bike
2	Mountain bike
3	Hybrid bike
4	BMX bike
5	Urban bike
98	Other, please specify COLLECT VERBATIM

ASK FOR CYCLING ONLY (CODE 3 IN Q10 FILTER)

Q12

When **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** what distance do you most often cover?

SELECT ONE ANSWER

SA

1	Less than 10 kilometers
2	Between 11 and 20 kilometers
3	Between 21 and 40 kilometers
4	Between 41 and 60 kilometers
5	Between 61 and 80 kilometers
6	More than 80 kilometers

ASK FOR RUNNING ONLY (CODE 6 IN Q10 FILTER)

Q13

When **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** what distance do you most often cover?

SELECT ONE ANSWER

SA

1	Less than 5 kilometers
2	Between 6 and 10 kilometers
3	Between 11 and 20 kilometers
4	Between 21 and 30 kilometers
5	Between 31 and 40 kilometers
6	More than 40 kilometers

ASK FOR GYM WORKOUT ONLY (CODE 5 IN Q10 FILTER)

Q14A

When doing **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** what particular equipment do you use?

SELECT ALL THAT APPLY

MA

1	Treadmill
2	Weight/resistance machines
3	Hand weights/Dumbbells
4	Squat machine
5	Elliptical trainer
6	Barbells
7	Abdominal machines
8	Stationary/recumbent (lying down) bicycle machines
9	Rowing machines
10	Stair climbing machines
98	Other, please specify COLLECT VERBATIM
99	None EXCLUSIVE

ASK FOR GYM WORKOUT ONLY (CODE 5 IN Q10 FILTER)

PIPE IN ANSWERS FROM Q14A

IF CODE 99 SELECTED IN Q14A DO NOT SHOW Q14B

IF ONE CODE SELECTED IN Q14A AUTOCODE Q14b

Q14B

And which equipment do you use most often?

SELECT ONE ANSWER

SA

1	Treadmill
2	Weight/resistance machines
3	Hand weights/Dumbbells
4	Squat machine
5	Elliptical trainer
6	Barbells
7	Abdominal machines
8	Stationary/recumbent (lying down) bicycle machines
9	Rowing machines
10	Stair climbing machines
98	Other, please specify PIPE IN VERBATIM IF SELECTED AT Q14A

ASK FOR GYM WORKOUT ONLY (CODE 5 IN Q10 FILTER)

Q15

When doing **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**, which particular classes or training sessions do you do?

SELECT ALL THAT APPLY

MA

1	Yoga
2	Spin class/group cycling
3	Circuit training
4	Pilates
5	Skipping
6	Aerobics /step aerobics
7	High impact aerobics/body pump
8	Boxercise/cardio kickboxing
9	Body bootcamp

10	Barre/ballet based exercise
11	Zumba
12	In water gym/exercises
98	Other, please specify COLLECT VERBATIM
99	None EXCLUSIVE

Q16A

Do you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** throughout the year?

SELECT ONE ANSWER

SA

1	Yes
2	No, during the season

ASK Q16B IF CODE 1 IN Q16A

Q16B

How often do you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** throughout the year?

SELECT ONE ANSWER

SA

1	Every day, several times a day
2	4 to 6 times a week
3	2 to 3 times a week
4	Once a week
5	Every 2-3 weeks
6	Every month
7	Every 2 to 3 months
8	Every 4 to 6 months
9	Less often

ASK Q16C IF CODE 2 IN Q16A

Q16C

How often do you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** during its season?

SELECT ONE ANSWER

SA

1	Every day, several times a day
2	4 to 6 times a week
3	2 to 3 times a week
4	Once a week
5	Every 2-3 weeks
6	Every month
7	Every 2 to 3 months
8	Every 4 to 6 months
9	Less often

Q16D

Now, think of the last time you experienced lower back pain due to **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**. How often had you been participating in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** during the

month prior to that lower back pain episode?

SELECT ONE ANSWER

SA

1	Every day, several times a day
2	4 to 6 times a week
3	2 to 3 times a week
4	Once a week
5	Every 2-3 weeks
6	Less often

Q17

Do you always get lower back pain after participating in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**?

SELECT ONE

SA

1	Yes
2	No

Q17A

When you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**, do you usually do it...?

SELECT ALL THAT APPLY

MA

1	alone
2	with a friend/sports partner or two
3	with a coach or personal trainer
4	within a group of people

ASK Q17B IF 2 ANSWERS OR MORE IN Q17A

Q17B

Thinking of the last 10 occasions you participated in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**, how many times did you do it **DISPLAY ANSWERS IN Q17A...**?

Please divide those last 10 occasions between the below options

NUMERIC ENTER NUMBER

NUMERIC

DISPLAY ONLY CODES SELECTED IN Q17A

/ _ /	alone
/ _ /	with a friend/sports partner or two
/ _ /	with a coach or personal trainer
/ _ /	within a group of people

TOTAL MUST BE 10

ASK Q17C IF CODE 3 IN Q17A

Q17C

When you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**, does the coach or personal trainer stay with you while you exercise or just gives you instructions and leave?

SELECT ONE ANSWER

SA

1	Stays with you
2	Gives you instructions then leaves

ASK Q18 IF CODE 3 IN Q17A

Q18

You said you have a coach when you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER**.

Is this coach ...?

SELECT ONE ANSWER

SA

1	Affiliated to a club or association
2	A private coach
99	I don't know

Q19

Do you belong to any of the following organizations, to participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER?**

SELECT ALL THAT APPLY

MA

1	Yes, an association
2	Yes, a team/club
3	Yes, to a Facebook group (Adapt for Russia and China)
98	Yes, other, please specify COLLECT VERBATIM
99	None in particular EXCLUSIVE

ASK Q20 IF CODE 2 IN Q19

Q20

Which type of club do you belong to?

SELECT ALL THAT APPLY

MA

1	Multiple activities chain club
2	A chain club dedicated to DISPLAY ACTIVITY SELECTED AT Q10 FILTER activities
3	Multiple activities local club
4	A local club dedicated to DISPLAY ACTIVITY SELECTED AT Q10 FILTER activities
98	Other, please specify COLLECT VERBATIM

ASK Q21 IF CODE 1 IN Q19

Q21

Which type of association do you belong to?

SELECT ALL THAT APPLY

MA

1	University/college association
2	Company association
3	Local/city association
4	National federation
98	Other, please specify COLLECT VERBATIM

Q22

Now we would like to understand where you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** .
Is it ...?

SELECT ALL THAT APPLY

MA

1	Indoors
2	Outdoors

ASK 23 IF CODES 1 & 2 IN Q22

Q23

Where do you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** most often?

SELECT ONE ANSWER

SA

1	Indoors
2	Outdoors

ASK Q24 IF CODE 1 IN Q22

Q24

When you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** indoors, please can you specify where exactly?

SELECT ALL THAT APPLY

MA

1	In a gymnasium DISPLAY FOR BADMINTON, BASKETBALL CODE 1 OR 2 AT Q10FILTER
2	At an indoor court DISPLAY FOR BADMINTON, BASKETBALL CODE 1 OR 2 AT Q10FILTER
3	At your gym/club DISPLAY FOR GYM WORKOUT, WEIGHT LIFTING, RUNNING CODE 5 OR 7 OR 6 AT Q10FILTER
4	At an indoor golf range DISPLAY FOR GOLF CODE 4 AT Q10FILTER
5	At an indoor golf simulator program DISPLAY FOR GOLF CODE 4 AT Q10FILTER
6	At an indoor track/dome DISPLAY FOR RUNNING AND CYCLING CODE 6 OR 3 AT Q10FILTER
7	At home with your own material DISPLAY FOR GYM WORKOUT, WEIGHT LIFTING, RUNNING, CYCLING CODE 5 OR 7 OR 6 OR 3 AT Q10FILTER
98	At another indoor location, please specify COLLECT VERBATIM

ASK Q25 IF CODE 2 IN Q22

Q25

When you participate in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** outdoors, please can you specify where exactly?

SELECT ALL THAT APPLY

MA

1	In a park DISPLAY FOR BADMINTON, BASKETBALL, GYM WORKOUT, WEIGHT LIFTING, RUNNING, CYCLING CODE 1 OR 2 OR 5 OR 7 OR 6 OR 3 AT Q10FILTER
2	At an outdoor court DISPLAY FOR BADMINTON, BASKETBALL CODE 1 OR 2 AT Q10FILTER
3	On the street/road DISPLAY FOR RUNNING, CYCLING, BADMINTON, BASKETBALL CODE 6 OR 3 OR 1 OR 2 AT Q10FILTER
4	On a trail DISPLAY FOR RUNNING & CYCLING CODE 3 OR 6 AT Q10FILTER
5	At a golf course DISPLAY FOR GOLF CODE 4 AT Q10FILTER
6	At a driving range or any other place where you practice golf DISPLAY FOR GOLF CODE 4 AT Q10FILTER
7	At an outdoor track DISPLAY FOR RUNNING AND CYCLING CODE 6 OR 3 AT Q10FILTER
8	On a fitness trail DISPLAY FOR GYM WORKOUT CODE 5 AT Q10FILTER
9	At an outdoor gym DISPLAY FOR GYM WORKOUT, WEIGHT LIFTING CODE 5 OR 7 AT Q10FILTER
10	At home in my garden/courtyard DISPLAY FOR BADMINTON, BASKETBALL, GOLF CODE 1 OR 2 OR 4 AT Q10FILTER
98	At another outdoor location, please specify COLLECT VERBATIM

Q26

What kind of events related to your participation in **DISPLAY ACTIVITY SELECTED AT Q10 FILTER** do you go to, even if only occasionally?

SELECT ALL THAT APPLY

MA

1	Crossfit competitions DISPLAY FOR GYM WORKOUT code 5 AT Q10FILTER
2	Competitions DISPLAY FOR BADMINTON, BASKETBALL AND WEIGHT LIFTING CODE 1 OR 2 OR 7 AT Q10FILTER
3	Races DISPLAY FOR RUNNING AND CYCLING CODE 6 OR 3 AT Q10FILTER
4	Tournaments DISPLAY FOR GOLF CODE 4 AT Q10FILTER
5	Fun-runs DISPLAY FOR RUNNING CODE 6 AT Q10FILTER
6	Marathons/half marathons DISPLAY FOR RUNNING CODE 6 AT Q10FILTER
7	Matches DISPLAY FOR BADMINTON, BASKETBALL CODE 1 OR 2 AT Q10FILTER
8	Club open days
9	Exhibitions
97	Other competitions, please specify COLLECT VERBATIM
98	Other events, please specify COLLECT VERBATIM
99	I do not participate in any events related to DISPLAY ACTIVITY SELECTED AT Q10 FILTER

PART 5: TREATMENTS USED FOR LOWER BACK PAIN

Q27

Which of the following ways listed below have you used to treat your lower back pain in the last 6 months?

SELECT ALL THAT APPLY

MA

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT RANDOMIZE

Bed rest	1
Devices for pain management (e.g. TENS machines)	2
Exercises (.e.g stretches, movement)	3
Herbal/ nutritional supplements (such as zinc, vitamin C, etc.)	4
Homeopathic products/medicine	5
Cold, e.g. ice packs, cold packs, etc....	6
Heat, e.g. heat packs, heat patches, etc....	7
Massage	8
Non-prescription products	9
Other natural treatment/ home treatment (saltwater, steam, juices, certain foods, etc.)	10
Physiotherapy	11
Prescription products	12
Osteopath manipulation/osteopathy	13
Strapping/taping	14
Traditional Chinese Medicine (TCM)	15
Visiting a chiropractor	16
Acupuncture	17
Did not treat SINGLE CODE, KEEP ITS POSITION	998

ASK IF CODE 9 IN Q.27

Q28

Which non-prescription products have you used to treat your lower back pain in the last 6 months?

SELECT ALL THAT APPLY

MA

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT RANDOMIZE

Creams or gels	1
Muscle relaxant	2
Oral painkillers (such as pills, caplets, sachets etc.)	3
Patches (including hot and cold patches)	4
Other, please specify COLLECT VERBATIM	998

Q28B

Would you use the treatment again in case you have another lower back pain episode?

SELECT ONE ANSWER PER COLUMN

SA PER COL

	Creams or gels	Muscle relaxant	Oral painkillers	Patches	SHOW VERBATIM IF CODE
				SHOW ONLY IF	

	SHOW ONLY IF CODE 1 IS SELECTED IN Q28	SHOW ONLY IF CODE 2 IS SELECTED IN Q28	SHOW ONLY IF CODE 3 IS SELECTED IN Q28	CODE 4 IS SELECTED IN Q28	998 SELECTED IN Q28
1	Yes	Yes	Yes	Yes	Yes
2	No	No	No	No	No

ASK IF CODE 12 IN Q.27

Q29

Which prescription products have you used to treat your lower back pain in the last 6 months?

SELECT ALL THAT APPLY

MA

RANDOMIZE STATEMENTS

CODE 998 – EXCLUSIVE – DO NOT RANDOMIZE

Creams or gels	1
Muscle relaxant	2
Oral painkillers (such as pills, caplets, sachets etc.)	3
Patches (including hot and cold patches)	4
Injections	5
Other, please specify COLLECT VERBATIM	998

Q29B

Would you use the treatment again if you had another lower back pain episode?

SELECT ONE ANSWER PER COLUMN

SA PER COL

	Creams or gels SHOW ONLY IF CODE 1 IS SELECTED IN Q29	Muscle relaxant SHOW ONLY IF CODE 2 IS SELECTED IN Q29	Oral painkillers SHOW ONLY IF CODE 3 IS SELECTED IN Q29	Patches SHOW ONLY IF CODE 4 IS SELECTED IN Q29	Injections SHOW ONLY IF CODE 5 IS SELECTED IN Q29	SHOW VERBATIM IF CODE 998 SELECTED IN Q29
1	Yes	Yes	Yes	Yes	Yes	Yes
2	No	No	No	No	No	No

Q30

Which type of health care professional, if any, have you visited to treat your lower back pain in the last 6 months?

SELECT ALL THAT APPLY

MA PER COLUMN

RANDOMIZE STATEMENTS

**IF ANY AUTO SELECTED ANSWERS (CODE 1 OR 2 OR 6 OR 9 OR 13) – DO NOT DISPLAY OPTION 999 AND ALLOW RESPONDENT TO SELECT ADDITIONAL ANSWER OR CONTINUE WITH THE NEXT QUESTION
CODE 999 – EXCLUSIVE – DO NOT RANDOMIZE CODE 998 AND 999**

Acupuncturist (AUTO SELECT IF CODE 17 IS SELECTED IN Q27)	1
Chiropractor (AUTO SELECT IF CODE 16 IS SELECTED IN Q27)	2
General Practitioner/Family doctor	3
Herbalist	4
Hospital/emergency room, Clinic	5
Osteopath (AUTO SELECT IF CODE 13 IS SELECTED IN Q27)	6
Pain Specialist	7
Pharmacist	8
Physical Therapist / Physiotherapist (AUTO SELECT IF CODE 11 IS SELECTED IN Q27 EXCEPT CHINA)	9
Physician	10
Physiatrist/Rehab physician	11
Surgeon	12
TCM (Traditional Chinese Medicine) Specialist (AUTO SELECT IF CODE 15 IS SELECTED IN Q27 EXCEPT CHINA)	13
Massage therapist	14
Other, please specify COLLECT VERBATIMS	998
None	999

Q31

Usually, with your lower back pain, do you also get...?

SELECT ALL THAT APPLY

MA

1	upper back pain
2	middle back pain
3	pain spreading down your leg or legs
4	none of these EXCLUSIVE

Q32

Usually, at what time of the day do you mostly experience lower back pain?

SELECT ONE ANSWER

SA

1	In the morning
2	In the afternoon
3	In the evening/at night
4	Throughout the day

Q33

At what age, did you start having lower back pain problems?

Fill in exact age

NUMERIC RANGE: MINIM: 0 MAXIM: RESPONDENT AGE

<input type="text"/>	<input type="text"/>	Years Old
----------------------	----------------------	-----------

Q34A

Usually, when does your lower back pain start?

SELECT ONE

SA

1	During exercise
2	After exercise

ASK Q34B IF CODE 2 IN Q34A

Q34B

Q34

On average, how long after you have been exercising does your lower back pain start?

Fill in precise hours and days

NUMERIC

<input type="text"/>	<input type="text"/>	DAYS RANGE: 0-360
----------------------	----------------------	-------------------

<input type="text"/>	<input type="text"/>	HOURS RANGE: 0-24
----------------------	----------------------	-------------------

Q35

On average, does your lower back pain get better after rest or worse?

SELECT ONE ANSWER

SA

1	Better
2	Worse

PART 6: IMPACT OF LOWER BACK PAIN
--

Now, we would like you to think about your most severe lower back pain episode in the last 6 months.

11

SA PER ROW

For each of the following, please cross one box to indicate if it applies to you.

		YES 1	NO 2
1	You walked shorter distances than usual because of your lower back pain	<input type="checkbox"/>	<input type="checkbox"/>
2	You limited your usual activities because of your lower back pain	<input type="checkbox"/>	<input type="checkbox"/>
3	You dressed more slowly than usual because of your lower back pain	<input type="checkbox"/>	<input type="checkbox"/>
4	You had worrying thoughts because of your lower back pain	<input type="checkbox"/>	<input type="checkbox"/>
5	You worried that your lower back pain would never get better	<input type="checkbox"/>	<input type="checkbox"/>
6	You stopped enjoying the things you used to enjoy because of your lower back pain	<input type="checkbox"/>	<input type="checkbox"/>

PART 7: ADDITIONAL DEMOS

D1

US Specific

What is your marital status?

SA

- _1 Single, never married
- _2 Living with partner
- _3 Married
- _4 Widowed
- _5 Divorced or separated

Russia Specific

Каково Ваше семейное положение. ?

(Выберите один вариант ответа)

SA

- _6 Холост / не замужем
- _7 Гражданский брак
- _8 Женат / замужем
- _9 Живу отдельно (не разведен(а))
- _10 В официальном разводе
- _11 Вдова / вдовец

Germany Specific

Sind Sie ...

(Bitte eine Antwort auswählen)

SA

- 12. Verheiratet oder in einer nichtehelichen Partnerschaft lebend
- 13. Verwitwet
- 14. Alleinstehend/nie verheiratet
- 15. Geschieden/getrennt lebend
- 16. In einer häuslichen Lebensgemeinschaft
- 17. Ich möchte hierzu keine Angabe machen

China Specific

请问您目前的婚姻状况是?

(单选)

18	Single, never married	单身，没有结过婚
19	Married/ cohabitation	已婚/同居
20	Widowed	丧偶
21	Divorced	离异
22	Separated	分居
23	Don't Know/Refuse	不知道/拒绝回答

D2

Including yourself, how many people are living in your household?

Please type in

NUMERIC – RANGE 1 - 30

Number of people in household _____

SKIP D3 IF 1 AT D2**D3**

Do you have children aged 18 or under living in your household?

SA

1. Yes
2. No

D5**US Specific**

Into which category does your **PERSONAL** pre-tax annual income from all sources fall? Please take into consideration all your income sources: salaries, scholarships, pension and Social Security payments, dividends from shares, income from rental properties, child support and alimony etc. Please note that we are not interested in the type of income source, only in your personal and total annual income. Please select one answer only.

SA

1. Under \$5,000
2. \$5,000 to \$9,999
3. \$10,000 to \$14,999
4. \$15,000 to \$19,999
5. \$20,000 to \$24,999
6. \$25,000 to \$29,999
7. \$30,000 to \$34,999
8. \$35,000 to \$39,999
9. \$40,000 to \$44,999
10. \$45,000 to \$49,999
11. \$50,000 to \$54,999
12. \$55,000 to \$59,999
13. \$60,000 to \$64,999
14. \$65,000 to \$69,999
15. \$70,000 to \$74,999
16. \$75,000 to \$79,999
17. \$80,000 to \$84,999
18. \$85,000 to \$89,999
19. \$90,000 to \$94,999
20. \$95,000 to \$99,999
21. \$100,000 to \$124,999
22. \$125,000 to \$149,999
23. \$150,000 to \$199,999
24. \$200,000 to \$249,999
25. \$250,000 or more
26. Prefer not to say

Russia Specific

К какой категории относится **СОВОКУПНЫЙ ЧИСТЫЙ** месячный доход Вашего **ДОМОХОЗЯЙСТВА** с учетом всех источников (т.е. доход после вычета налогов)?

Укажите все источники доходов, включая заработную плату, стипендию, пенсию и пособия социального страхования, дивиденды на акции, доход от аренды собственности, пособие на детей и алименты и т. д. Обратите внимание на то, что нас не интересует вид источника дохода, а только совокупный месячный доход всех членов домохозяйства.

SA

- _27 Менее 3 000 Рублей
- _28 3 000 – 5 000 Рублей
- _29 5 001 – 7 000 Рублей
- _30 7 001 – 10 000 Рублей
- _31 10 001 – 15 000 Рублей
- _32 15 001 – 20 000 Рублей
- _33 20 001 – 30 000 Рублей
- _34 Более 30 000 Рублей
- _35 Воздержусь от ответа

Germany Specific

Wie hoch ist das GEMEINSAME monatliche NETTOEINKOMMEN (nach Steuern) IHRES HAUSHALTS – das von allen Mitgliedern des Haushalts verdient wird?

Beziehen Sie ALLE Einnahmen aller Haushaltsmitglieder aus allen Einnahmequellen ein, z. B.: Löhne/Gehälter, Stipendien, Rente/ Sozialleistungen, Dividenden aus Aktienbesitz, Mieteinnahmen, Unterhalt, Alimente, etc. Wir sind nicht an der Art der Einkommensquelle interessiert, nur am monatlichen Gesamteinkommen, das von allen Mitgliedern des Haushalts verdient wird

SA

- _36 €0 - €500
- _37 €501-750
- _38 €751-1000
- _39 €1001-1250
- _40 €1251-1500
- _41 €1501-1750
- _42 €1751-2000
- _43 €2001-2500
- _44 €2501-3000
- _45 €3001-4000
- _46 €4001-5000
- _47 €5001-10,000
- _48 €10,001 und mehr
- _49 Keine Antwort

China Specific

	下面哪一项最能代表您家庭每月的总收入呢？请包括所有奖金，工资，津贴等在内。	Please choose the group which represents your monthly household income.
50	800元以下	Below 800 yuan
51	800-999元	800 – 999yuan
52	1000-1199元	1000 – 1199yuan
53	1200-1499元	1200 – 1499yuan
54	1500-1999元	1500 – 1999yuan
55	2000-2499元	2000 – 2499yuan
56	2500-2999元	2500 – 2999yuan
57	3000-3499元	3000 – 3499yuan
58	3500-3999元	3500 – 3999yuan
59	4000-4499元	4000 – 4499yuan
60	4500-4999元	4500 – 4999yuan
61	5000-5499元	5000 – 5499yuan
62	5500-5999元	5500 – 5999yuan
63	6000-6499元	6000 – 6499yuan
64	6500-6999元	6500 – 6999yuan
65	7000-7499元	7000 – 7499yuan
66	7500-7999元	7500 – 7999yuan
67	8000-8999元	8000 – 8999yuan
68	9000-9999元	9000 – 9999yuan
69	10000-14999元	10000 – 14999yuan
70	15000-19999元	15000 – 19999yuan
71	20000-24999元	20000 – 24999yuan
72	25000-29999元	25000 – 29999yuan
73	30000或以上	30000 or more
74	不知道 / 拒绝回答	Not know / refuse to answer

US ONLY

D6

So that we know we are interviewing people of all backgrounds, which of the following best describes your ethnic or racial background?

Please select one answer only.

SA

1. Asian or Pacific Islander
2. Black or African American
3. Caucasian or White
4. Hispanic
5. American Indian, Eskimo or Aleutian
6. Some other group

S20

US Specific

What is your current employment status?

- _1 Employed full-time
- _2 Employed part-time
- _3 Self employed
- _4 Unemployed but looking for a job
- _5 Unemployed and not looking for a job
- _6 Full-time parent, homemaker
- _7 Retired
- _8 Student/Pupil

WORKINGSTATUS_1

SINGLE PUNCH

_1 Working IF S20 =1 OR 2 OR 3

_2 Not Working IF S20 =4 OR 5 OR 6 OR 7 OR 8

Russia Specific

Статус занятости

Выберите пожалуйста один ответ

SA

- _9 Полный рабочий день
- _10 Не полный рабочий день
- _11 Имеете собственное дело / являетесь работодателем
- _12 Работаете внештатно / работаете на себя
- _13 Безработный (-ая), но ищущую работу
- _14 Безработный (-ая) и не ищущую работу / никогда не работал
- _15 Домохозяйка
- _16 Пенсионер
- _17 Школьник / студент / обучение на дневном отделении
- _18 Призывник

WORKINGSTATUS_1

SINGLE PUNCH

- _1 Working IF S20 =9 OR 10 OR 12 or 11**
- _2 Not Working IF S20 =13 OR 14 OR 15 OR 16 OR 17 or 18**

Germany Specific

Was ist Ihr gegenwärtiger Beschäftigungsstatus?

Bitte eine Möglichkeit auswählen

- _19 Vollzeit
- _20 Teilzeit
- _21 Selbstständig
- _22 Arbeitslos aber auf der Suche nach einem Job
- _23 Arbeitslos und nicht auf der Suche nach einem Job/ arbeitsunfähig
- _24 Hausmann/ Hausfrau
- _25 In Rente
- _26 Student/ Schüler/ ganztägig in der Ausbildung

WORKINGSTATUS_1

SINGLE PUNCH

- _1 Working IF S20 =19 OR 20 OR 21**
- _2 Not Working IF S20 =22 OR 23 OR 24 OR 25 OR 26**

China Specific

Which of these best describes your current working status? 您目前的工作状况与以下哪项描述最为贴近？

- | | | |
|----|----------------------|-------|
| 27 | Full-time | 全职 |
| 28 | Part-time | 兼职 |
| 29 | Housewife / Houseman | 理家 |
| 30 | Currently unemployed | 目前失业中 |
| 31 | Retired | 退休 |
| 32 | Apprentice | 学徒 |
| 33 | Pupil / student | 学生 |

WORKINGSTATUS_1

SINGLE PUNCH

_1 Working IF S20 =27 OR 28

_2 Not Working IF S20 =29 OR 30 OR 31 OR 32 OR 33

D4

IF CODE 1 OR 2 OR 3 OR 9 OR 10 OR 11 OR 12 OR 19 OR 20 OR 21 OR 27 OR 28 AT S20

What is your current occupation?

Please select one answer only.

SA

1	Agricultural and fishery worker
2	Building and road construction worker
3	Craft and related trades worker
4	Fire department/police/army worker
5	Health care professional/nursing/elderly care worker
6	Legislator, senior official or manager
7	Mover
8	Office worker
9	Plant and machine operator or assembler
10	Professional
11	Professional sportsman/woman or dancer
12	Retail worker
13	School teacher
14	Service worker
15	Sport and fitness industry worker
16	Transport services or industry worker
998	Other, - please specify: / _____ /

PROFILING

Identification of Long-Lasting Lower Back Pain Sufferers Among Step 1 Survey Respondents Based on Index Analyses

PROFILING

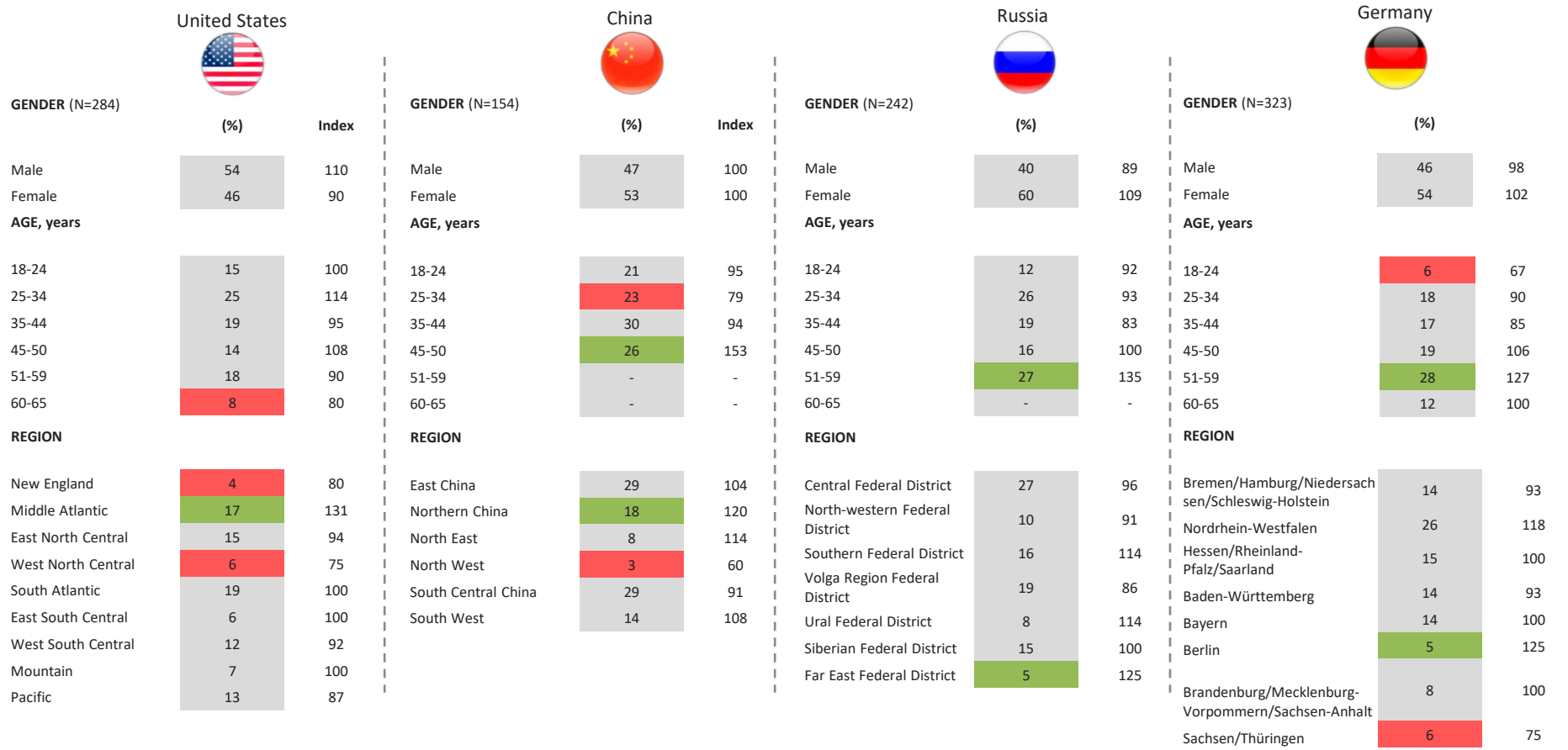
Using indexes to identify the specificities of long-lasting back pain sufferers

- The objective of this exercise was to understand the differences of long-lasting back pain sufferers compared to other back pain sufferers.
- To do this, we indexed their scores versus all back pain sufferers.
 - Index values were used to compare the profiles of long-lasting acute back pain sufferers identified in Step 1 with the profiles of the national representative population for each country
 - Index values were calculated by dividing the percentage of long-lasting acute back pain sufferers in the surveyed sample by the percentage obtained for the national representative population for each country
- If the index reaches a level of 100, it means that the long-lasting back pain sufferers have the same profile as all back pain sufferers.
- With an index of ≥ 120 , we consider a criteria to be significantly higher than in the reference population and therefore better defining the long-lasting back pain sufferers.
- With an index of 80 or lower we consider the criteria to less well define long lasting pain sufferers.

Indexes of ≥ 120 were evaluated to understand the criteria that better define long-lasting back pain sufferers.

Long-lasting back pain was more common in people aged 45–60 years in all countries except the US. Long-lasting back pain sufferers were more likely to live in large metropolitan areas (eg, Middle Atlantic/Berlin/Northern China)

■ = indexes ≥120. ■ = indexes ≤80.



Agricultural and fishery workers tended to suffer more from long-lasting back pain, as well as construction workers and school teachers

= indexes ≥120. = indexes ≤80.

EMPLOYMENT STATUS (N=284)

	(%)	Index
United States		
Employed full-time	49	92
Employed part-time	14	108
Self employed	10	143
Unemployed looking for a job	1	33
Unemployed not looking for a job	7	140
Full-time parent, homemaker	6	86
Retired	9	129
Student/Pupil	4	80

EMPLOYMENT STATUS (N=154)

	(%)	Index
China		
Employed full-time	86	100
Employed part-time	4	100
Housewife / Houseman	-	-
Currently unemployed	2	100
Retired	1	100
Apprentice	-	-
Pupil / student	6	86

EMPLOYMENT STATUS (N=242)

	(%)	Index
Russia		
Employed full-time	65	103
Employed part-time	5	71
Have your own business	3	100
Self-employed	5	100
Unemployed looking for a job	5	100
Unemployed not looking for a job	1	-
Housewife / Houseman	6	86
Retired	7	140
Student/Pupil	4	100

EMPLOYMENT STATUS (N=323)

	(%)	Index
Germany		
Employed full-time	49	94
Employed part-time	18	120
Self employed	4	67
Unemployed looking for a job	4	133
Unemployed not looking for a job	3	100
Housewife / Houseman	5	83
Retired	11	122
Student/Pupil	7	88

OCCUPATION (N=207)

	(%)	Index
Agricultural and fishery workers	2	200
Building/road construction workers	4	200
Craft and related trades workers	2	100
Fire department/police/army workers	*	-
Health care workers	6	86
Legislators/senior officials/managers	1	100
Movers	-	-
Office workers	13	76
Plant-machine operators/assemblers	1	100
Professionals	28	100
Professional sports/dancers	*	-
Retail workers	5	100
School teachers	10	143
Service workers	3	75
Sport and fitness industry workers	*	-
Transport services/industry workers	2	67

OCCUPATION (N=139)

	(%)	Index
Agricultural and fishery workers	3	150
Building/road construction workers	5	167
Craft and related trades workers	-	-
Fire department/police/army workers	1	100
Health care workers	1	100
Legislators/senior officials/managers	5	125
Movers	-	-
Office workers	45	88
Plant-machine operators/assemblers	4	100
Professionals	14	108
Professional sports/dancers	-	-
Retail workers	1	50
School teachers	9	113
Service workers	5	125
Sport and fitness industry workers	1	-
Transport services/industry workers	-	-

OCCUPATION (N=189)

	(%)	Index
Agricultural and fishery workers	4	200
Building/road construction workers	11	138
Craft and related trades workers	1	25
Fire department/police/army workers	2	100
Health care workers	4	100
Legislators/senior officials/managers	1	100
Movers	1	-
Office workers	21	100
Plant-machine operators/assemblers	3	150
Professionals	15	88
Professional sports/dancers	-	-
Retail workers	7	88
School teachers	3	150
Service workers	6	100
Sport and fitness industry workers	1	100
Transport services/industry workers	7	100

OCCUPATION (N=229)

	(%)	Index
Agricultural and fishery workers	*	-
Building/road construction workers	*	-
Craft and related trades workers	7	117
Fire department/police/army workers	*	-
Health care workers	6	75
Legislators/senior officials/managers	4	100
Movers	1	-
Office workers	37	97
Plant-machine operators/assemblers	3	150
Professionals	8	89
Professional sports/dancers	-	-
Retail workers	7	100
School teachers	2	100
Service workers	2	100
Sport and fitness industry workers	*	-
Transport services/industry workers	2	67

PROFILING

 = indexes ≥ 120 .  = indexes ≤ 80 .

	United States (%)	Index
SIZE OF HH (N=284)		
1 to 3	55	86
4 or more	43	130
CHILDREN IN HH (N=255)		
Yes	54	113
No	46	88
ETHNIC BACKGROUND (N=284)		
Asian or Pacific Islander	3	60
Black/African American	2	50
Caucasian or White	86	105
Hispanic	6	100
American Indian/ Eskimo/Aleutian	1	100
Some other group	1	100

	China (%)	Index
SIZE OF HH (N=154)		
1 to 3	59	97
4 or more	41	105
CHILDREN IN HH (N=152)		
Yes	64	94
No	36	113

	Russia (%)	Index
SIZE OF HH (N=242)		
1 to 3	59	91
4 or more	41	117
CHILDREN IN HH (N=230)		
Yes	64	105
No	36	92

	Germany (%)	Index
SIZE OF HH (N=323)		
1 to 3	83	99
4 or more	17	113
CHILDREN IN HH (N=249)		
Yes	41	103
No	59	98

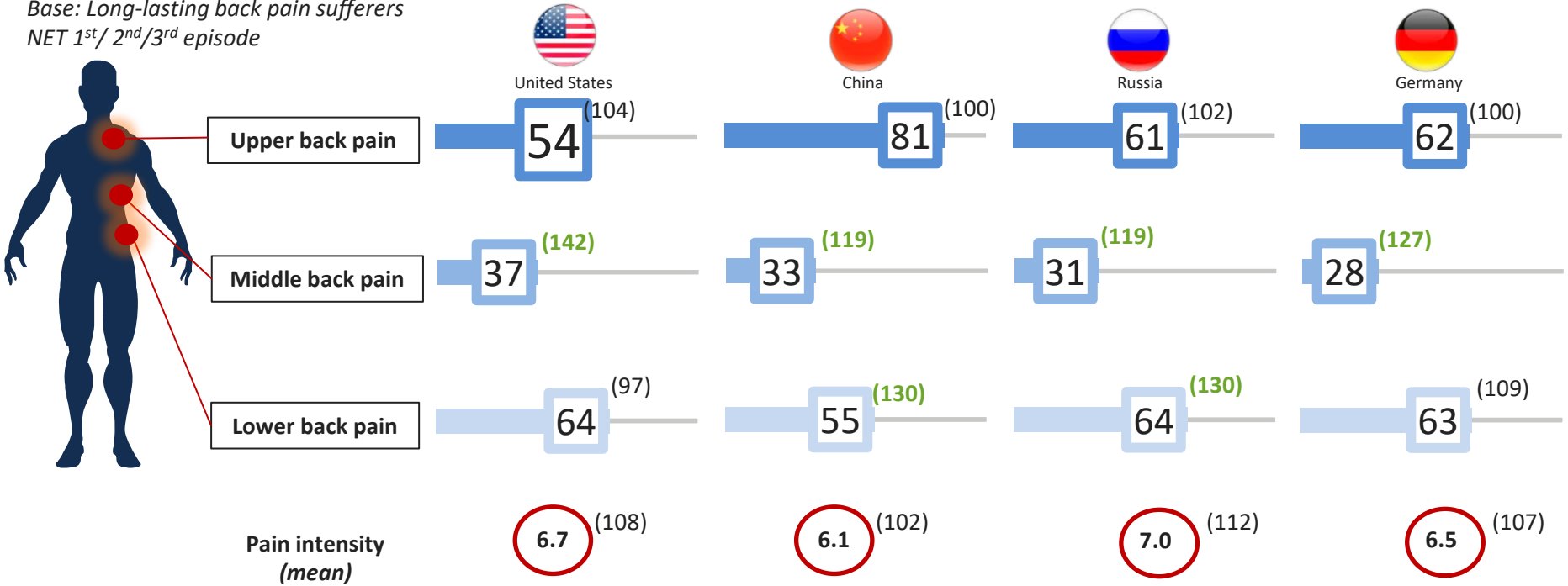
HH, household.

TYPE AND INTENSITY OF LONG-LASTING BACK PAIN

Persistent pain was not worse but tended to radiate to the middle and the lower part of the back

Base: Long-lasting back pain sufferers
NET 1st/ 2nd/3rd episode

■ = indexes ≥120



Q4 For each of these pain episodes in the past 6 months, would you say you mostly suffered from upper, middle or lower back pain?

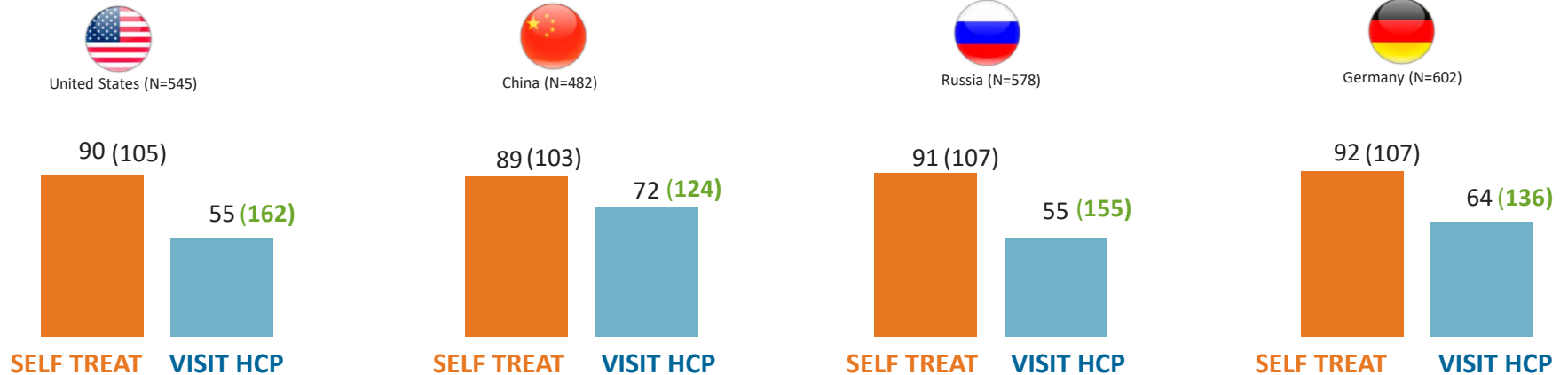
Q5 Indicate how painful each back pain episode was to you. Please register the worst level of pain you experienced during each episode, by using a 0–10 point scale : 0 = No pain, 10 = Worst possible pain.

BACK PAIN TREATMENTS

Long-lasting back pain sufferers were more inclined to see a specialist

Base: Long-lasting back pain sufferers
NET 1st/ 2nd/3rd episode

 = indexes ≥120



HCP, health care professional.

TYPE OF TREATMENTS USED

 = indexes ≥120.

Base: Long-lasting back pain sufferers
NET 1st/ 2nd/3rd episode



United States (N=242)

Non-prescription products	48	(100)
Heat patches	41	(111)
Massage	40	(118)
Exercises	38	(119)
Prescription products	30	(167)
Cold patches	28	(140)
Bed rest	27	(113)
Physiotherapy	19	(190)
Devices for pain management	18	(200)
Other natural treatment/home treatment	18	(164)
Herbal/ nutritional supplements	16	(178)
Osteopath manipulation/osteopathy	14	(175)
Strapping/taping	13	(217)
Homeopathic products/medicine	11	(157)
Traditional Chinese Medicine	10	(167)



China (N=151)

Massage	50	(100)
Local Heat	39	(115)
Bed rest	34	(103)
Exercises	29	(126)
Osteopath manipulation/osteopathy	24	(160)
Physiotherapy	23	(135)
Local cold	17	(121)
Prescription products	16	(145)
Non-prescription products	14	(100)
Traditional Chinese Medicine	14	(127)
Devices for pain management	13	(144)
Homeopathic products/medicine	11	(157)
Herbal/nutritional supplements	10	(125)
Other natural treatment/home treatment	10	(143)
Strapping/taping	6	(86)



Russia (N=209)

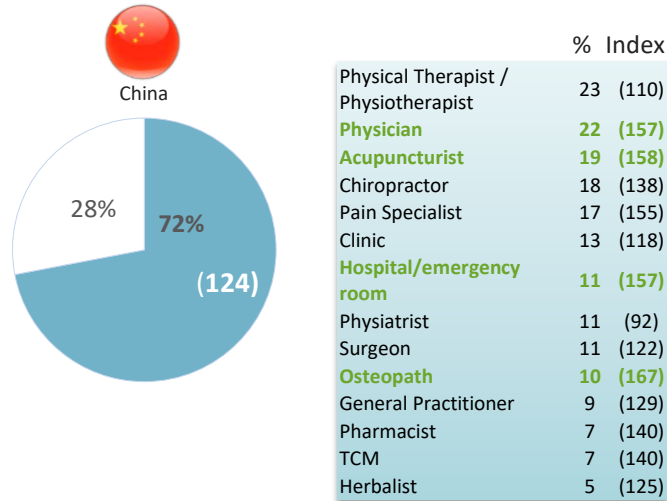
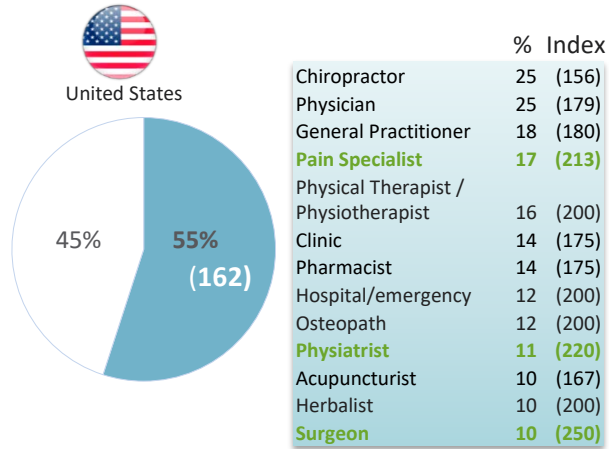
Massage	50	(111)
Non-prescription products	46	(115)
Exercises	31	(107)
Bed rest	22	(105)
Local heat	27	(129)
Physiotherapy	16	(145)
Homeopathic products/medicine	13	(144)
Prescription products	15	(188)
Other natural treatment/home treatment	11	(157)
Herbal/ nutritional supplements	10	(167)
Devices for pain management	7	(175)
Local cold	5	(125)
Strapping/taping	5	(167)
Traditional Chinese Medicine	6	(200)
Osteopath manipulation/osteopathy	5	(250)



Germany (N=298)

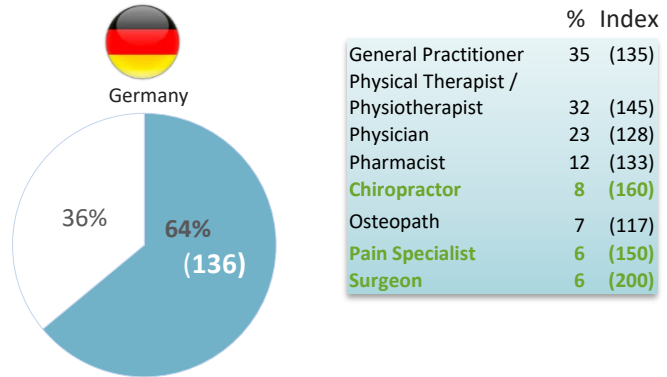
Local heat	42	(117)
Prescription products	37	(142)
Massage	34	(131)
Non-prescription products	33	(114)
Exercises	32	(110)
Physiotherapy	26	(144)
Bed rest	15	(115)
Devices for pain management	10	(143)
Herbal/ nutritional supplements	7	(117)
Local cold	7	(117)
Osteopath manipulation/osteopathy	7	(117)
Strapping/taping	7	(140)
Homeopathic products/medicine	6	(120)
Other natural treatment/home treatment	6	(120)
Traditional Chinese Medicine (TCM)	2	(100)

TYPE OF HCP VISITED



Do not visit any HCP for back pain
 Visit HCP for Back pain

Green = HCPs with top 3 index scores per country



HCP, health care professional.

Q12 Which type of health care professional, if any, did you visit to treat your back pain in the last 6 months?

Base: Long-lasting back pain sufferers
 NET 1st/ 2nd/3rd episode

DRIVER ANALYSIS

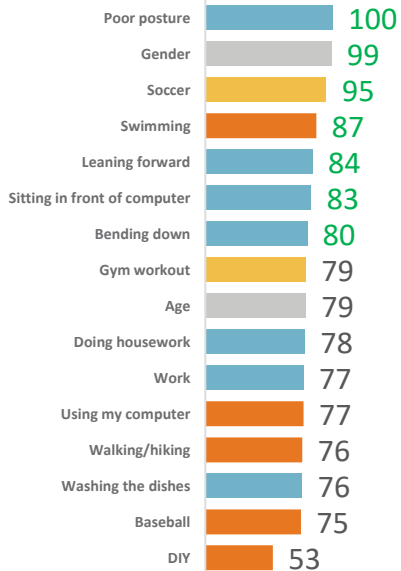
What are the causes of long-lasting back pain?

- The main objective of the driver analysis was to understand how specific “factors” (age/activity/occupation etc.) correlate with the origin of long-lasting back pain.
- **Why didn't we use only indexes/profiling? Because consumers don't look at each factor independently.**
- The driver analysis looked at factors simultaneously and implicitly weighted each factor relative to the others in causing long-lasting back pain.
- Each “factor” was then classified into one of five groups according to its relative importance in causing long-lasting back pain.
 - Highest importance: Index from 100 to 80
 - High importance: Index from 79 to 60
 - Moderate importance: Index from 59 to 40
 - Low importance: Index from 39 to 20
 - Lowest importance: Index from 19 to 1

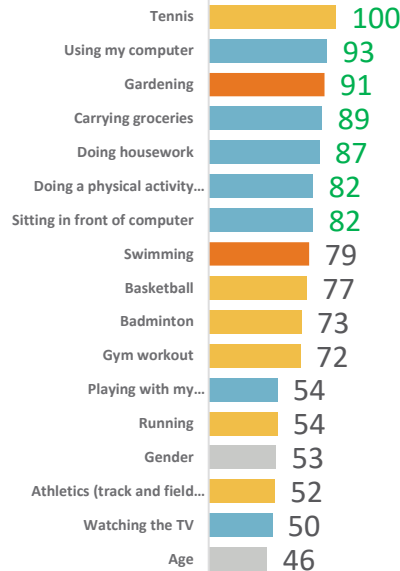
Sitting in front of a computer and bad posture were the most common triggers across countries. Housework or carrying groceries also led to long-lasting back pain. The sports of tennis, gym workouts, and athletics (and soccer in the US) were identified as common sport-related causes of long-lasting back pain.



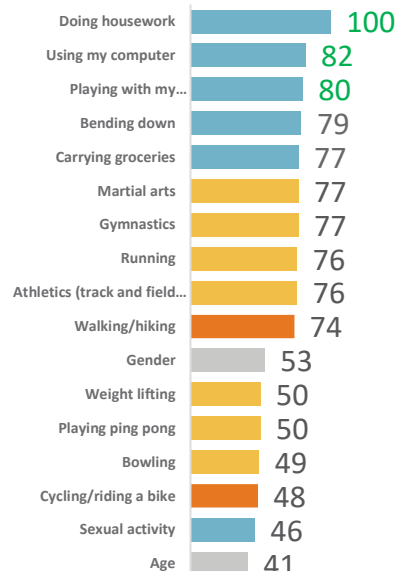
United States



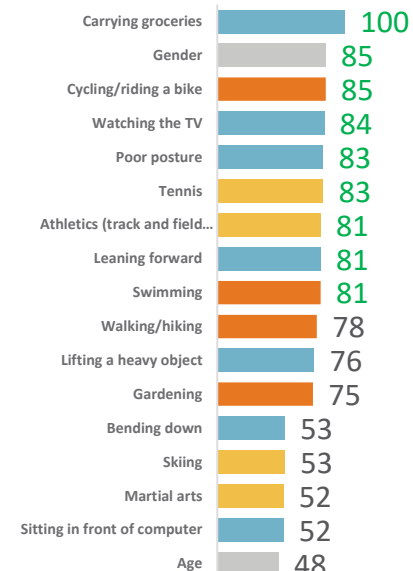
China



Russia



Germany



- Regular activities
- Sports
- Leisure activities

Highest Importance: 100 to 80
 High Importance: 79 to 60
 Moderate Importance: 59 to 40