

appendix 1. Associated Factors

Questionnaire

The purpose of this questionnaire is to analyze the associated factors of low back pain among Chongqing residents by investigating the current situation of low back pain. **Please complete the following questions according to your living habits.**

1.1 What is your education level:

- (1) Primary School or below
- (2) Junior high school
- (3) Senior high school
- (4) College or Professional school
- (5) University graduate or above

1.2 What is your marital status?

- (1) Unmarried
- (2) married or remarried
- (3) divorced or widowed

1.3 What is your main occupation?

- (1) Farmer
- (2) Blue collar
- (3) White collar
- (4) Housewife
- (5) Retirement
- (6) Student

1.4 Please tell me your height is _____ cm ,
and your weight is _____ kg.

1.5 Have you been smoking:

- (1) Yes
- (2) No

1.6 Have you been drinking:

- (1) Yes
- (2) No

1.7 Do you exercise:

- (1) Never
- (2) Occasionally

(3) Frequently

1.8 What is your entertainment?

- (1) Not have
- (2) Playing cards
- (3) Watching TV or phone
- (4) Walking or fitness

1.9 Do you often climb mountains:

- (1) Yes
- (2) No

If yes, please answer the following questions.

1.9.1 How often do you climb each week on average:

- (1) 2-5 times
- (2) 6-9 times
- (3) more than 10 times

1.9.2 What is the average time you spend climbing each week:

- (1) 1-2 hours
- (2) 3-4 hours
- (3) more than 5 hours

1.10 What is your main labor intensity:

- (1) Mild
- (2) Moderate
- (3) Heavy

1.11 How long do you spend on labor every day:

- (1) 0-4 hours
- (2) 4-8 hours
- (3) More than 8 hours

1.12 What is the longest time you maintain a certain fixed position every day:

- (1) Sitting position
- (2) Standing position
- (3) Bending position
- (4) Supine position

1.13 What is the longest time you spend on maintaining this fixed posture:

- (1) 0-1 hour
- (2) 1-2 hours
- (3) 2-3 hours
- (4) more than 3 hours

1.14 Do you ever feel sad or lose confidence in your life:

(1) Never

(2) Occasionally

(3) Often

appendix 2. Medical History

Low back pain (LBP) is acute or chronic pain in the lumbosacral region, usually at the site between the lower edge of the rib cage and the inferior gluteal fold, with or without radiating pain in the lower extremities. **If you have low back pain, please complete the following questionnaire, thank you!**

2.1 Please indicate the duration of low back pain:

- (1) Less than 30 days
- (2) 30 days to 3 months
- (3) More than 3 months

2.2 If you have any hip pain:

- (1) Yes
- (2) No

2.3 Do you have any pain in your thighs, calves, or feet:

- (1) Yes
- (2) No

2.4 Do you have any numbness, tingling, or loss of sensation in your lower limbs:

- (1) Yes
- (2) No

2.5 Do you have any numbness, tingling, or difficulty in urination in the perineum:

- (1) Yes
- (2) No

2.6 Do you have any abnormal posture when walking, such as limping:

- (1) Yes
- (2) No

2.7 Are you forced to stop and rest when walking:

- (1) Yes
- (2) No

If yes, please indicate the distance:

- (1) 100m
- (2) 200m
- (3) 300m
- (4) 400 meters
- (5) 500 meters

(6) Greater than 500 meters

2.8 What are the causes or contributing factors of your illness?

- (1) Exertion
- (2) Cold
- (3) Sprain
- (4) Strenuous activity
- (5) Other

2.9 Does your back pain recur:

- (1) Yes
- (2) No

2.10 How often do you have a recurrence of low back pain (this question is only for patients who have a recurrence of low back pain):

- (1) 1 time/month on average
- (2) 1 time/3 months
- (3) 1 time/half-year
- (4) 1 time/year

2.11 What kind of treatment have you received for low back pain(multiple choice):

- (1) Oral pain relief and anti-inflammatory drugs
- (2) Plastering treatment
- (3) Drug injection treatment
- (4) Surgery
- (5) Physiotherapy
- (6) Acupuncture or Tui-na treatment
- (7) Other

2.12 Have the following diseases been diagnosed (multiple choice):

- (1) lumbar spine fracture
- (2) lumbar spondylolisthesis
- (3) spinal deformity
- (4) Kidney abscess, perinephritis, acute pyelonephritis, or kidney stone
- (5) Gastric ulcer

2.13 Do you have a history of adnexitis or pelvic inflammatory disease (this question is for female patients only):

- (1) Yes
- (2) No

2.14 Do you have any CT or MRI of the lumbar region? If yes, please write down the report of the examination.

- (1) _____

- (2) _____
- (3) _____
- (4) _____

appendix 3. The Oswestry Disability

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It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life.

Section 3.1-Pain intensity

- (0) I have no pain at the moment.
- (1) The pain is very mild at the moment.
- (2) The pain is moderate at the moment.
- (3) The pain is fairly severe at the moment.
- (4) The pain is very severe at the moment.
- (5) The pain is the worst imaginable at the moment.

Section 3.2-Personal care (washing, dressing, etc.)

- (0) I can look after myself normally without causing extra pain.
- (1) I can look after myself normally but it is very painful.
- (2) It is painful to look after myself and I am slow and careful.
- (3) I need some help but manage most of my personal care.
- (4) I need help every day in most aspects of self care.
- (5) I do not get dressed, wash with difficulty and stay in bed.

Section 3.3-Lifting

- (0) I can lift heavy weights without extra pain.
- (1) I can lift heavy weights but it gives extra pain.
- (2) Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.
- (3) Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- (4) I can lift only very light weights.
- (5) I cannot lift or carry anything at all.

Section 3.4-Walking

- (0) Pain does not prevent me walking any distance.
- (1) Pain prevents me walking more than 1 mile.
- (2) Pain prevents me walking more than 1/2 of a mile.
- (3) Pain prevents me walking more than 100 yards.
- (4) I can only walk using a stick or crutches.
- (5) I am in bed most of the time and have to crawl to the toilet.

Section 3.5-Sitting

- (0) I can sit in any chair as long as I like.
- (1) I can sit in my favourite chair as long as I like.
- (2) Pain prevents me from sitting for more than 1 hour.
- (3) Pain prevents me from sitting for more than 1/2 an hour.
- (4) Pain prevents me from sitting for more than 10 minutes.
- (5) Pain prevents me from sitting at all.

Section 3.6-Standing

- (0) I can stand as long as I want without extra pain.
- (1) I can stand as long as I want but it gives me extra pain.
- (2) Pain prevents me from standing for more than 1 hour.
- (3) Pain prevents me from standing for more than 1/2 an hour.
- (4) Pain prevents me from standing for more than 10 minutes.
- (5) Pain prevents me from standing at all.

Section 3.7-Sleeping

- (0) My sleep is never disturbed by pain.
- (1) My sleep is occasionally disturbed by pain.
- (2) Because of pain I have less than 6 hours sleep.
- (3) Because of pain I have less than 4 hours sleep.
- (4) Because of pain I have less than 2 hours sleep.
- (5) Pain prevents me from sleeping at all.

Section 3.8-Sex life (if applicable)

- (0) My sex life is normal and causes no extra pain.
- (1) My sex life is normal but causes some extra pain.
- (2) My sex life is nearly normal but is very painful.
- (3) My sex life is severely restricted by pain.
- (4) My sex life is nearly absent because of pain.
- (5) Pain prevents any sex life at all.

Section 3.9-Social life

- (0) My social life is normal and causes me no extra pain.
- (1) My social life is normal but increases the degree of pain.
- (2) Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport, etc.
- (3) Pain has restricted my social life and I do not go out as often.
- (4) Pain has restricted social life to my home.
- (5) I have no social life because of pain.

Section 3.10-Travelling

- (0) I can travel anywhere without pain.
- (1) I can travel anywhere but it gives extra pain.
- (2) Pain is bad but I manage journeys over two hours.

- (3) Pain restricts me to journeys of less than one hour.
- (4) Pain restricts me to short necessary journeys under 30 minutes.
- (5) Pain prevents me from travelling except to receive treatment.

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appendix 4. Numerical Rating Scale

Numerical rating scale (NRS) are the simplest and most commonly used scales. The numerical scale is most commonly 0 to 10, with 0 being “no pain” and 10 being “the worst pain imaginable.” Please draw a circle around the number that best describes the pain dimension, usually intensity.

