

# Chronic Back Pain and Enthesitis Questionnaire

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This questionnaire is designed to help assess symptoms related to inflammatory back pain and enthesitis (insertional tendinitis). It also inquires about personal and family history of related conditions. Please answer the following questions based on your recent experiences.

## Part A: Chronic Back Pain

- How long have you been experiencing back pain? ( ) Less than 3 months ( ) 3-6 months ( ) More than 6 months
- Did your back pain start before the age of 40? ( ) Yes ( ) No
- Do you experience back pain at night that improves upon getting up and moving around? ( ) Yes ( ) No
- Do you experience stiffness in your back in the morning? If yes, for how long does it last? ( ) Yes ( ) No
- Does your back pain intensify upon transitioning to an active state after a period of inactivity, such as after sitting, lying down, or standing still for a prolonged duration? ( ) Yes ( ) No
- Does your back pain improve with exercise or gentle stretching? ( ) Yes ( ) No
- Do you experience pain that alternates between the left and right buttock? ( ) Yes ( ) No
- Do you feel pain in the hips laterally, and/or in the groin area? If yes, when do you feel it the worst, and does it get better or worse with gentle activities? ( ) Yes ( ) No

## Part B: Enthesitis

- Please indicate if you have experienced pain or tenderness at the following locations in the past month:  Achilles tendon insertion  Plantar fascia insertion into the heel  Elbow tendons  Pain in the hips laterally  Pain in the flank area or the lower edge of the chest.
- On a scale of 0 to 10, how would you rate the severity of your pain or tenderness at these sites? 0 (No pain) - 10 (Worst possible pain)
- How have these symptoms affected your daily activities (e.g., walking, climbing stairs, household tasks)?  Not at all  A little bit  Moderately  Severely

## Part C: Personal and Family Medical History

- Do you have a personal or family history of psoriasis?  Personal  Family  None
- Do you have a personal or family history of inflammatory bowel disease (IBD), like Crohn's disease or Ulcerative Colitis?  Personal  Family  None
- Do you have a personal or family history of iritis or uveitis?  Personal  Family  None
- Please provide details of any family members affected by the above conditions and their relationship to you:  

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