

LOW BACK

Roland Morris Questionnaire

1. Rate your pain at this time, please draw an X on the line below.

0 _____ 10

2. Circle the number of the sentences if you are sure that it describes you TODAY.

1. I stay at home most of the time because of my back.
2. I change positions frequently to try to get my back comfortable.
3. I walk more slowly than usual because of my back.
4. Because of my back I am not doing any of the jobs that I usually do around the house.
5. Because of my back I use a handrail to get upstairs.
6. Because of my back I lie down to rest more often.
7. Because of my back I have to hold on to something to get out of an easy chair.
8. Because of my back I try to get other people to do things for me.
9. I get dressed more slowly than usual because of my back.
10. I only stand for short periods of time because of my back.
11. Because of my back I try not to bend or kneel down.
12. I find it difficult to get out of a chair because of my back.
13. My back is painful almost all the time.
14. I find it difficult to turn over in bed because of my back.
15. My appetite is not very good because of my back pain.
16. I have trouble putting on my socks (or stockings) because of the pain in my back.
17. I only walk short distances because of my back pain.
18. I sleep less well because of my back pain.
19. Because of my back pain I get dressed with help from someone else.
20. I sit down for most of the day because of my back.
21. I avoid jobs around the house because of my back pain.
22. Because of my back pain I am more irritable and bad tempered with people than usual.
23. Because of my back I go up and down stairs more slowly than usual.
24. I stay in bed most of the time because of by back.

Score: _____ / **24** _____