The Roland – Morris Low Back Pain and Disability Questionnaire

Patient name: _______________________________  File # __________  Date: __________

Please read instructions: when your back hurts, you may find it difficult to do some of the things you normally do. Mark only the sentences that describe you today.

[  ] I stay at home most of the time because of my back.
[  ] I change position frequently to try to get my back comfortable.
[  ] I walk more slowly than usual because of my back.
[  ] Because of my back, I am not doing any jobs that I usually do around the house.
[  ] Because of my back, I use a handrail to get upstairs.
[  ] Because of my back, I lie down to rest more often.
[  ] Because of my back, I have to hold on to something to get out of an easy chair.
[  ] Because of my back, I try to get other people to do things for me.
[  ] I get dressed more slowly than usual because of my back.
[  ] I only stand up for short periods of time because of my back.
[  ] Because of my back, I try not to bend or kneel down.
[  ] I find it difficult to get out of a chair because of my back.
[  ] My back is painful almost all of the time.
[  ] I find it difficult to turn over in bed because of my back.
[  ] My appetite is not very good because of my back.
[  ] I have trouble putting on my sock (or stockings) because of the pain in my back.
[  ] I can only walk short distances because of my back pain.
[  ] I sleep less well because of my back.
[  ] Because of my back pain, I get dressed with the help of someone else.
[  ] I sit down for most of the day because of my back.
[  ] I avoid heavy jobs around the house because of my back.
[  ] Because of back pain, I am more irritable and bad tempered with people than usual.
[  ] Because of my back, I go upstairs more slowly than usual.
[  ] I stay in bed most of the time because of my back.

Score: _________  Improvement: _________ %