

Roland-Morris Acute Low Back Pain Disability Questionnaire

Name: _____ Date: _____ File# _____

(Please Print)

When your back hurts, you may find it difficult sometimes to do some of the things you normally do. Please check the box before each sentence that describes you today. Leave the box blank if the sentence does not describe you.

1. I stay home most of the time because of my back.
2. I change positions frequently to try and 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.
7. Because of my back, I have to hold on to something to get out of the easy chair.
8. Because of my back, I try to get other people to do things for me.
9. I get dressed more slowly because of my back.
10. I only stand up for short periods of time because of my back.
11. Because of my back, I try to not bend or kneel.
12. I find it very difficult to get out of a chair because of my back.
13. My back is painful almost all of 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.
16. I have trouble putting my socks (stockings) on because of 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 heavy jobs around the house because of my back.
22. Because of my back pain, I am more irritable and bad tempered with people than usual.
23. Because of my back, I go upstairs more slowly than usual.
24. I stay in bed most of the day because of my back.