

Low Back Pain and Disability Questionnaire (Rolland-Morris) For Pain of Less Than 3 Weeks

Name: _____

Date: _____

Age: _____

Score: _____

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**.

1. ___ I stay at 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 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 onto 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 up only 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 or leg is painful most 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 pain.
16. ___ I have trouble putting on my socks (or stockings) because of pain in my back.
17. ___ I only walk short distances because of my back.
18. ___ I sleep less well because of my back.
19. ___ Because of my back, I get dressed with help from someone else.
20. ___ I sit down most of the day because of my back.
21. ___ I avoid heavy jobs around the house because of my back.
22. ___ Because of back pain, I am more irritable and bad tempered with people than usual.
23. ___ Because of my back, I go up stairs more slowly.
24. ___ I stay in bed most of the time because of my back.

On a scale of **1** to **10**, what is your pain level **today**? (**1** being the best you've felt and **10** the worst).

1 2 3 4 5 6 7 8 9 10
