

ROLAND MORRIS (BACK) QUESTIONNAIRE

When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you **TODAY**. As you read the list, think of yourself TODAY. When you read a sentence that describes you today, put a circle around its number. If the sentence does not describe you skip to the next sentence and continue.

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 up the stairs.
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 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 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.
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.
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 my back.

PATIENT NAME: _____

DATE: _____

TOTAL SCORE: _____/24

Developers: Roland M, Morris R. (355)

No Pain					PAIN SCALE									Worst Pain
0	1	2	3	4	5	6	7	8	9	10				