

Name: _____

Date of Birth: (dd/mm/yyyy) _____

Family Physician: _____

Today's Date: (dd/mm/yyyy) _____

Roland Morris Questionnaire

When you read the following sentences, you may find that some of them stand out as how you feel **TODAY**. If the sentence describes you **TODAY**- check off the box beside its number. If the sentence does not describe you, then leave the space blank and go on to the next one.

- 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 I usually do around the house
- 5- Because of my back I use a handrail to get up or down 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 time
- 14- I find it difficult to get out of a chair because of my back
- 15- My appetite is not very good because of my back
- 16- I have trouble putting on my socks/stockings because of the pain in my back
- 17- I only walk short distances due to my back pain
- 18- I sleep less well because of my back pain
- 19- Because of my back pain I get dressed with assistance 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 & bad tempered with people than normal
- 23- Because of my back I go up and down the stairs more slowly than usual
- 24- I stay in bed most of the time because of my back