

The Roland-Morris Disability Questionnaire

1	I stay at home most of the time because of my back	<input type="checkbox"/>
2	I change position frequently to try and get my back comfortable	<input type="checkbox"/>
3	I walk more slowly than usual because of my back	<input type="checkbox"/>
4	Because of my back I am not doing any of the jobs that I usually do around the house	<input type="checkbox"/>
5	Because of my back, I use a handrail to get upstairs	<input type="checkbox"/>
6	Because of my back, I lie down to rest more often	<input type="checkbox"/>
7	Because of my back, I have to hold on to something to get out of an easy chair	<input type="checkbox"/>
8	Because of my back, I try to get other people to do things for me	<input type="checkbox"/>
9	I get dressed more slowly than usual because of my back	<input type="checkbox"/>
10	I only stand for short periods of time because of my back	<input type="checkbox"/>
11	Because of my back, I try not to bend or kneel down	<input type="checkbox"/>
12	I find it difficult to get out of a chair because of my back	<input type="checkbox"/>
13	My back is painful almost all the time	<input type="checkbox"/>
14	I find it difficult to turn over in bed because of my back	<input type="checkbox"/>
15	My appetite is not very good because of my back pain	<input type="checkbox"/>
16	I have trouble putting on my socks (or stockings) because of the pain in my back	<input type="checkbox"/>
17	I only walk short distances because of my back	<input type="checkbox"/>
18	I sleep less well because of my back	<input type="checkbox"/>
19	Because of my back pain, I get dressed with help from someone else	<input type="checkbox"/>
20	I sit down for most of the day because of my back	<input type="checkbox"/>
21	I avoid heavy jobs around the house because of my back	<input type="checkbox"/>
22	Because of my back pain, I am more irritable and bad tempered with people than usual	<input type="checkbox"/>
23	Because of my back, I go upstairs more slowly than usual	<input type="checkbox"/>
24	I stay in bed most of the time because of my back	<input type="checkbox"/>
Total		<input type="text"/>

Patient last name:

Date of birth: / /

Patient first name:

Date: / /