Please read instructions: 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. \_0. Unchecked \_1. Checked

2. I change position frequently to try to get my back comfortable. \_0. Unchecked \_1. Checked

3. I walk more slowly than usual because of my back. \_0. Unchecked \_1. Checked

4. Because of my back, I am not doing any jobs that I usually do around the house.

 \_0. Unchecked \_1. Checked

5. Because of my back, I use a handrail to get upstairs. \_0. Unchecked \_1. Checked

6. Because of my back, I lie down to rest more often. \_0. Unchecked \_1. Checked

7. Because of my back, I have to hold on to something to get out of an easy chair.

 \_0. Unchecked \_1. Checked

8. Because of my back, I try to get other people to do things for me. \_0. Unchecked \_1. Checked

9. I get dressed more slowly than usual because of my back. \_0. Unchecked \_1. Checked

10. I only stand up for short periods of time because of my back. \_0. Unchecked \_1. Checked

11. Because of my back, I try not to bend or kneel down. \_0. Unchecked \_1. Checked

12. I find it difficult to get out of a chair because of my back. \_0. Unchecked \_1. Checked

13. My back is painful almost all of the time. \_0. Unchecked \_1. Checked

14. I find it difficult to turn over in bed because of my back. \_0. Unchecked \_1. Checked

15. My appetite is not very good because of my back. \_0. Unchecked \_1. Checked

16. I have trouble putting on my sock (or stockings) because of the pain in my back.

 \_0. Unchecked \_1. Checked

17. I can only walk short distances because of my back pain. \_0. Unchecked \_1. Checked

18. I sleep less well because of my back. \_0. Unchecked \_1. Checked

19. Because of my back pain, I get dressed with the help of someone else.

 \_0. Unchecked \_1. Checked

20. I sit down for most of the day because of my back. \_0. Unchecked \_1. Checked

21. I avoid heavy jobs around the house because of my back. \_0. Unchecked \_1. Checked

22. Because of back pain, I am more irritable and bad tempered with people than usual.

 \_0. Unchecked \_1. Checked

23. Because of my back, I go upstairs more slowly than usual. \_0. Unchecked \_1. Checked

24. I stay in bed most of the time because of my back. \_0. Unchecked \_1. Checked

Notes/instructions:

1. The patient is instructed to put a mark next to each appropriate statement.

2. The total number of marked statements are added by the clinician. Unlike the authors of the Oswestry Disability Questionnaire, Roland and Morris did not provide descriptions of the varying degrees of disability (e.g., 40%-60% is severe disability).

3. Clinical improvement over time can be graded based on the analysis of serial questionnaire scores. If, for example, at the beginning of treatment, a patient’s score was 12 and, at the conclusion of treatment, her score was 2 (10 points of improvement), we would calculate an 83% (10/12 x 100) improvement.

Reference:

Roland M, Fairbank J. The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire [published correction appears in Spine 2001 Apr 1;26(7):847]. Spine (Phila Pa 1976). 2000;25(24):3115–3124. doi:10.1097/00007632-200012150-00006