

Self-Care/Hygiene

- I can provide for myself on most of my personal care
- I can provide for myself, but it creates extra pain
- I can provide for myself, I am slow, careful, & it is painful
- I manage most of my personal care, but it requires help
- In most accommodations of my daily care, I require extra help
- It is difficult to care for myself, I stay in bed & do not perform these tasks

Communication

- I can communicate in a normal fashion
- I can communicate, but it causes some pain
- My communication abilities are normal, but always painful
- My communication abilities are restricted by pain
- Pain seriously limits my communication except for emergencies
- Pain prevents communication abilities completely

Normal Living-Sitting

- I am able to assume a sitting position for an indefinite period of time without pain
- I can sit down for an indefinite period of time, but it causes pain
- I am restricted to one hour of sitting due to pain
- Due to pain, I am only able to sit for 30 minutes
- Pain restricts sitting for longer than 10 minutes
- I am unable to sit due to pain

Normal Living-Standing

- I am able to stand for as long as I like without pain
- I am able to stand for an indefinite period of time, but it causes pain
- I am restricted to one hour of standing due to pain
- Due to pain, I am only able to stand for 30 minutes
- Pain restricts standing for longer than 10 minute
- I am unable to stand due to pain

Normal Living-Lifting

- I am able to lift heavy objects without pain
- I am able to lift heavy objects, but it causes some pain
- I am unable to lift heavy objects off the floor. However, I can manage if they are at table height
- Due to pain, I am not able to lift heavy objects. However, light to medium weight objects are manageable
- Pain restricts lifting only very lightweight objects
- I am unable to lift any objects of any weight at all

Ambulation

- I am able to walk any distance without pain restrictions
- I am limited to walk one mile due to pain restrictions
- I am limited to ½ mile of walking due to pain
- Due to pain, I am restricted to walking less than ¼ mile
- I require the use of crutches or a cane to assist walking
- I remain in bed most of the time due to pain

Travel

- I am able to travel without pain restrictions
- I am able to travel almost anywhere, but it causes pain
- I can manage 2 hours of travel, but pain is present & severe
- Due to pain, I am limited to less than an hour of travel time
- Only short, urgent trips are possible due to pain limitations
- I am restricted in travel due to pain, other than emergencies of short distances (hospital, doctor visit)

Non-specialized Hand/Movement

- I can grasp in a normal fashion
- I can utilize grip & tactile discrimination, but there is some pain
- My grasp & grip capabilities are normal, but always painful
- Grasping, grip strength, & tactile sensations are restricted by pain
- Pain prevents grip strength, grasping, & tactile discrimination completely

Sexual Function

- I am able to engage in normal sexual activities without pain
- I am able to participate sexually, but it creates some pain
- I engage normally in sexual activities, but it is very painful
- I am restricted in sexual activities due to pain
- Pain has created a near absent sex life
- Due to pain, I abstain from any sexual activities

Sleep

- I sleep well in a normal fashion
- I sleep well at night, as long as I use sleeping pills
- I fail to accomplish more than 6 hours of sleep
- I fail to accomplish more than 4 hours of sleep
- I fail to accomplish more than 2 hours of sleep
- Pain prevents sleep

Social & recreational

- I am enjoying a normal active, social life without pain restrictions
- The presence of pain affects only the more energetic activities of my social life
- I participate in a normal social life, but pain is increasing during most activities
- Pain restricts all of my social activities, therefore, I do not go as often
- I am restricted to social activities at home due to pain
- Due to pain, I do not participate in any social activities

Effects of medication

- I am able to tolerate pain, therefore, I do not use any pain medication
- I use pain medication & experience complete relief from pain
- I use pain medication & experience moderate relief from pain
- Pain medication offers only very little relief from pain
- Pain medication fails to offer relief, therefore I no longer take them

Pain Intensity

- My pain is MINIMAL & tolerated, it is annoying, but does not limit my physical performance
- Pain is SLIGHT & tolerated, it causes some limitations on my physical performance
- I experience MODERATE pain, which causes a significant limitation on my physical performance of activities
- I experience SEVERE pain, which reduces my capability to perform any activity

Pain Frequency

- I have INTERMITTENT symptoms occurring less than 25% of my awake time
- I experience OCCASIONAL symptoms between 25% & 50% of my awake time
- Pain is FREQUENT, & occurs between 50% & 75% of my awake time
- I have CONSTANT pain occurring between 75% & 100% of my awake time

Patient name: _____ Signature: _____ Date: _____

Instructions: These questions ask your views about how your pain now affects how you function in everyday activities. Please answer every question and mark the ONE number on EACH scale that best describes how you feel.

1. Does your pain interfere with your normal work inside and outside the home?
Work normally 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Unable to work at all*
2. Does your pain interfere with personal care (such as washing, dressing, etc.)?
Take care of myself completely 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Need help with all my personal care*
3. Does your pain interfere with your traveling?
Travel anywhere I like 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Only travel to see doctors*
4. Does your pain affect your ability to sit or stand?
No problems 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Cannot sit /stand at all*
5. Does your pain affect your ability to lift overhead, grasp objects, or reach for things?
No problems 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Cannot do at all*
6. Does your pain affect your ability to lift objects off the floor, bend, stoop, or squat?
No problems 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Cannot do at all*
7. Does your pain affect your ability to walk or run?
No problems 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Cannot walk/run at all*
8. Has your income declined since your pain began?
No decline 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Lost all income*
9. Do you have to take pain medication every day to control your pain?
No medication needed 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *On pain medication throughout the day*
10. Does your pain force your to see doctors much more often than before your pain began?
Never see doctors 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *See doctors weekly*
11. Does your pain interfere with your ability to see the people who are important to you as much as you would like?
No problem 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Never see them*
12. Does your pain interfere with recreational activities and hobbies that are important to you?
No interference 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Total interference*
13. Do you need the help of your family and friends to complete everyday tasks (including both work outside the home and housework) because of your pain?
Never need help 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Need help all the time*
14. Do you now feel more depressed, tense, or anxious than before your pain began?
No depression/tension 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Severe depression / tension*
15. Are there emotional problems caused by your pain that interfere with your family, social and or work activities?
No problems 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10 *Severe problems*

Roland-Morris Questionnaire

Patient name: _____ Signature: _____ Date: _____

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.

- I stay at home most of the time because of my back.
- I change position frequently to try to get my back comfortable.
- I walk more slowly than usual because of my back.
- Because of my back, I am not doing any jobs that I usually do around the house.
- Because of my back, I use a handrail to get upstairs.
- Because of my back, I lie down to rest more often.
- Because of my back, I have to hold on to something to get out of an easy chair.
- Because of my back, I try to get other people to do things for me.
- I get dressed more slowly than usual because of my back.
- I only stand up for short periods of time because of my back.
- Because of my back, I try not to bend or kneel down.
- I find it difficult to get out of a chair because of my back.
- My back is painful almost all of the time.
- I find it difficult to turn over in bed because of my back.
- My appetite is not very good because of my back.
- I have trouble putting on my sock (or stockings) because of the pain in my back.
- I can only walk short distances because of my back pain.
- I sleep less well because of my back.
- Because of my back pain, I get dressed with the help of someone else.
- I sit down for most of the day because of my back.
- I avoid heavy jobs around the house because of my back.
- Because of back pain, I am more irritable and bad tempered with people than usual.
- Because of my back, I go upstairs more slowly than usual.
- I stay in bed most of the time because of my back.