

Patient Name: _____

Date of Birth: _____

Ronald-Morris Low Back Pain questionnaire

When your back or leg hurts, you may find it difficult to do some of the things you normally do. Please mark with a cross only the sentences that describes you **TODAY**.

- | | |
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| <p>01. <input type="checkbox"/> I stay at home most of the time because of my back and/or leg pain.</p> <p>02. <input type="checkbox"/> I walk more slowly than usual because of my back and/or leg pain.</p> <p>03. <input type="checkbox"/> Because of my back and/or leg pain, I am not doing any jobs that I usually do around the house.</p> <p>04. <input type="checkbox"/> Because of my back and/or leg pain, I use a handrail to get upstairs.</p> <p>05. <input type="checkbox"/> Because of my back and/or leg pain, I lie down to rest more often.</p> <p>06. <input type="checkbox"/> Because of my back and/or leg pain, I have to hold onto something to get out of an easy chair.</p> <p>07. <input type="checkbox"/> Because of my back and/or leg pain, I try to get other people to do things for me.</p> <p>08. <input type="checkbox"/> I get dressed more slowly than usual because of my back and/or leg pain.</p> <p>09. <input type="checkbox"/> I stand up only for short periods of time because of my back and/or leg pain.</p> <p>10. <input type="checkbox"/> Because of my back and/or leg pain, I try not to bend or kneel down.</p> <p>11. <input type="checkbox"/> I find it difficult to get out of a chair because of my back and/or leg pain.</p> <p>12. <input type="checkbox"/> My back is painful almost all of the time.</p> <p>13. <input type="checkbox"/> I find it difficult to turn over in bed because of my back and/or leg pain.</p> | <p>14. <input type="checkbox"/> I have trouble putting on my socks (or stockings) because of pain in my back and/or leg pain.</p> <p>15. <input type="checkbox"/> I sleep less well because of my back and/or leg pain.</p> <p>16. <input type="checkbox"/> I avoid heavy jobs around the house because of my back and/or leg pain.</p> <p>17. <input type="checkbox"/> Because of back and/or leg pain, I am more irritable and bad tempered with people than usual.</p> <p>18. <input type="checkbox"/> Because of my back and/or leg pain, I go upstairs more slowly than usual.</p> <p>19. <input type="checkbox"/> I change positions frequently to try to get my back and /or leg comfortable.</p> <p>20. <input type="checkbox"/> My appetite is not very good because of my back and/or leg pain.</p> <p>21. <input type="checkbox"/> I can only walk short distances because of my back and/or leg pain.</p> <p>22. <input type="checkbox"/> Because of my back and/or leg pain, I get dressed with the help of someone else.</p> <p>23. <input type="checkbox"/> I sit down for most of the day because of my back and/or leg pain.</p> <p>24. <input type="checkbox"/> I stay in bed most of the time because of my back and/or leg pain.</p> |
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**Number of questions that you marked
: _____ (Total Number)**

Date: _____