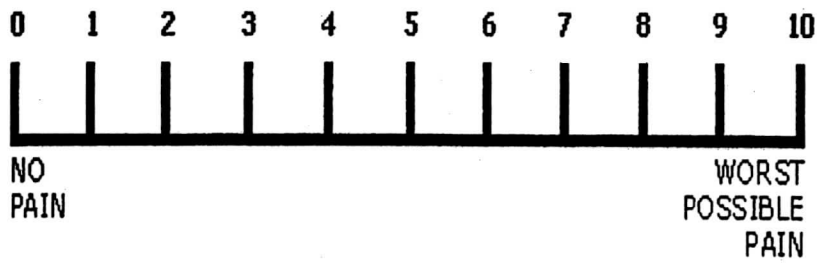
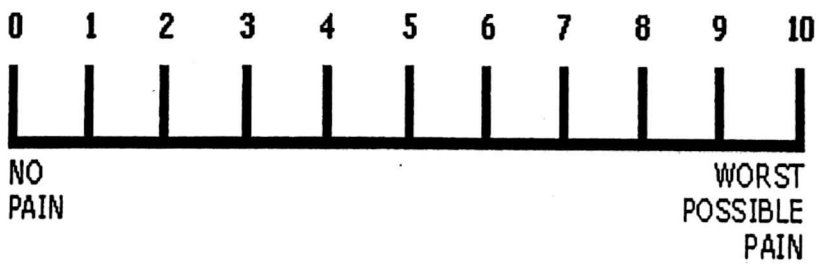


ARC Physical Therapy Visual Analog Pain Scale

Please draw a vertical line indicating your pain level at its best



Please draw a vertical line indicating your pain level at its worst



Name: _____ Date: _____

LOW BACK PAIN AND DISABILITY QUESTIONNAIRE

(Roland-Morris)

NAME _____ DATE _____

AGE _____ SCORE _____

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.
2. I walk more slowly than usual because of my back.
3. Because of my back, I am not doing any jobs that I usually do around the house.
4. Because of my back, I use a handrail to get upstairs.
5. Because of my back, I lie down to rest more often.
6. Because of my back, I have to hold onto something to get out of an easy chair.
7. Because of my back, I try to get other people to do things for me.
8. I get dressed more slowly than usual because of my back.
9. I stand up only for short periods of time because of my back.
10. Because of my back, I try not to bend or kneel down.
11. I find it difficult to get out of a chair because of my back.
12. My back or leg is painful almost all of the time.
13. I find it difficult to turn over in bed because of my back.
14. I have trouble putting on my socks (or stockings) because of pain in my back.
15. I sleep less well because of my back.
16. I avoid heavy jobs around the house because of my back.
17. Because of back pain, I am more irritable and bad tempered with people than usual.
18. Because of my back, I go upstairs more slowly than usual.