

The Roland – Morris Low Back Pain and Disability Questionnaire

Patient name: _____ File # _____ 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.

Score: _____

Improvement: _____ %

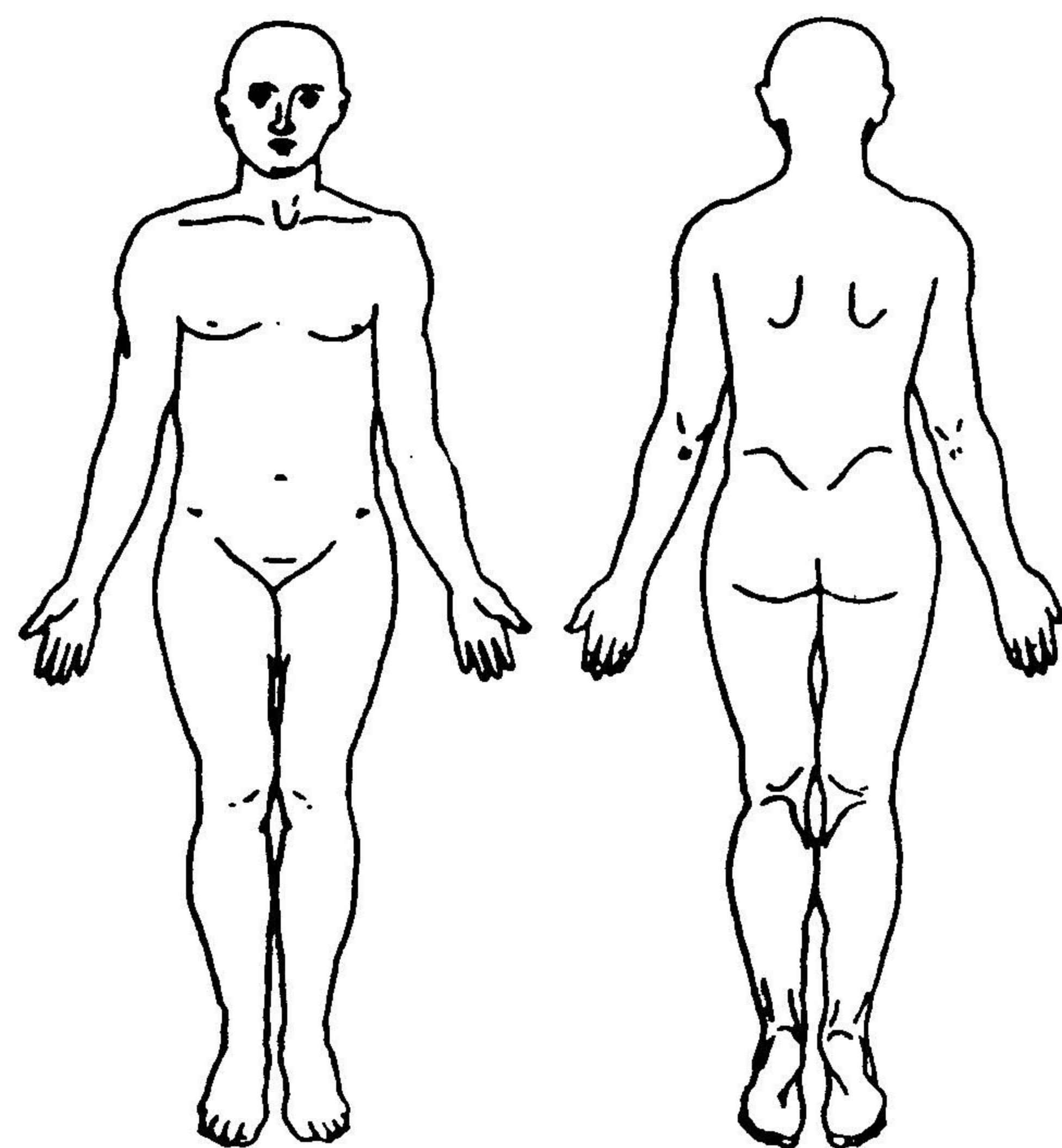
McGill Pain Questionnaire

Patient's Name _____ Date _____ Time _____ am/pm

PRI: S _____ A _____ E _____ M _____ PRI(T) _____ PPI _____
 (1-10) (11-15) (16) (17-20) (1-20)

1 FLICKERING QUIVERING PULSING THROBING BEATING POUNDING	11 TIRING EXHAUSTING
2 JUMPING FLASHING SHOOTING	12 SICKENING SUFFOCATING
3 PRICKING BORING DRILLING STABBING LANCINATING	13 FEARFUL FRIGHTFUL TERRIFYING
4 SHARP CUTTING LACERATING	14 PUNISHING GRUELLING CRUEL VICIOUS KILLING
5 PINCHING PRESSING GNAWING CRAMPING CRUSHING	15 WRETCHED BLINDING
6 TUGGING PULLING WRENCHING	16 ANNOYING TROUBLESOME MISERABLE INTENSE UNBEARABLE
7 HOT BURNING SCALDING SEARING	17 SPREADING RADIATING PENETRATING PIERCING
8 TINGLING ITCHY SMARTING STINGING	18 TIGHT NUMB DRAWING SQUEEZING TEARING
9 DULL SORE HURTING ACHING HEAVY	19 COOL COLD FREEZING
10 TENDER TAUT RASPING SPLITTING	20 NAGGING NAUSEATING AGONIZING DREADFUL TORTURING
	PPI
	0 NO PAIN
	1 MILD
	2 DISCOMFORTING
	3 DISTRESSING
	4 HORRIBLE
	5 EXCRUCIATING

BRIEF _____	RHYTHMIC _____	CONTINUOUS _____
MOMENTARY _____	PERIODIC _____	STEADY _____
TRANSIENT _____	INTERMITTENT _____	CONSTANT _____



E = EXTERNAL
I = INTERNAL

COMMENTS:

FIG. 2. McGill Pain Questionnaire. The descriptors fall into four major groups: sensory, 1 to 10; affective, 11 to 15; evaluative, 16; and miscellaneous, 17 to 20. The rank value for each descriptor is based on its position in the word set. The sum of the rank values is the pain rating index (PRI). The present pain intensity (PPI) is based on a scale of 0 to 5. Copyright 1970 Ronald Melzack.

Study #:
Date:

Short-Form McGill Pain Questionnaire:

I. Pain Rating Index (PRI):

The words below describe average pain. Place a check mark (✓) in the column that represents the degree to which you feel that type of pain. Please limit yourself to a description of the pain in your pelvic area only:

		None		Mild		Moderate		Severe
a	Throbbing	0	1	2	3			
	Shooting	0	1	2	3			
	Stabbing	0	1	2	3			
	Sharp	0	1	2	3			
	Cramping	0	1	2	3			
	Gnawing	0	1	2	3			
	Hot-Burning	0	1	2	3			
	Aching	0	1	2	3			
	Heavy	0	1	2	3			
	Tender	0	1	2	3			
b	Splitting	0	1	2	3			
	Tiring-Exhausting	0	1	2	3			
	Sickening	0	1	2	3			
	Fearful	0	1	2	3			
	Punishing-Cruel	0	1	2	3			

II. Present Pain Intensity (PPI)–Visual Analog Scale (VAS). Tick along scale below for pelvic pain:

No pain	_____	Worst possible pain
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III. Evaluative overall intensity of total pain experience. Please limit yourself to a description of the pain in your pelvic area only. Place a check mark (✓) in the appropriate column:

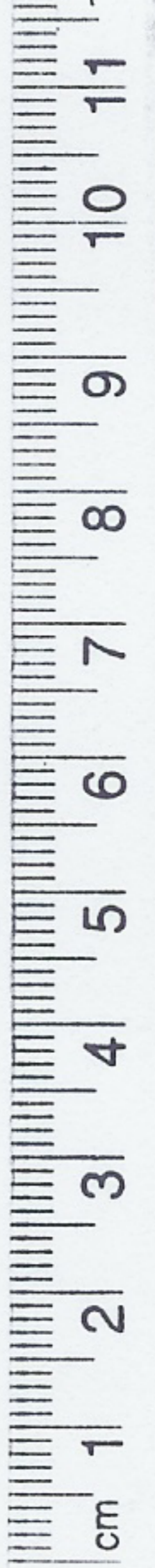
Evaluative		
0	No pain	
1	Mild	
2	Discomforting	
3	Distressing	
4	Horrible	
5	Excruciating	

IV. Scoring:

		Score
I-a	S-PRI (Sensory Pain Rating Index)	
I-b	A-PRI (Affective Pain Rating Index)	
I-a+b	T-PRI (Total Pain Rating Index)	
II	PPI-VAS (Present Pain Intensity-Visual Analog Scale)	
III	Evaluative overall intensity of total pain experience	

No
pain

Worst
possible
pain



Modified Schober Test (Lumbar Range of Motion)

Client Name _____ Date _____

INTRODUCTION:

The modified Schober method: a technique for assessing spinal motion. Although the technique is reliable (Moll & Wright, 1971), its primary usefulness may be in screening for the very limited mobility that patients exhibit who have diseases like ankylosing spondylitis.

INSTRUCTIONS:

- 1.) Use a pen to mark the midpoint between the posterior superior iliac spines (PSIS). Then use your tape measure to identify and mark two points: (1) one that is 10 cm superior to the PSIS, and (2) one that is 5 cm inferior to the PSIS.
- 2.) As the client flexes the spine as far as possible, measure and record the distance between the superior and inferior marks.
- 3.) Similarly, measure and record the distance between the superior and inferior marks as your partner extends the spine as far as possible.

VISITS:

	DATE	FLEXION	EXTENSION	COMMENTS
1.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	DATE	FLEXION	EXTENSION	COMMENTS
2.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	DATE	FLEXION	EXTENSION	COMMENTS
3.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	DATE	FLEXION	EXTENSION	COMMENTS
4.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	DATE	FLEXION	EXTENSION	COMMENTS
6.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>