Roland-Morris Low Back Pain and Disability Questionnaire (RMQ)

Instructions
Patient name: Krishna Chaifanya Madduri File#: Date: 25 OJ (25)
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 socks (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.

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Source: Stratford PW, Binkley J, Solomon P, Finch E, Gill C, Moreland J. Defining the minimum level of detectable change for the Roland-Morris questionnaire. *Phys Ther.* 1996 Apr;76(4):359-65; discussion 66-8.

The Roland-Morris Questionnaire (RMQ) is a self-administered disability measure in which greater levels of disability are reflected by higher numbers on a 24-point scale. The RMQ has been shown to yield reliable measurements, which are valid for inferring the level of disability, and to be sensitive to change over time for groups of patients with low back pain.

Scoring instructions

The patient is instructed to put a mark next to each appropriate statement. Add up the total number of marked statements to get a patient's score.

Interpretation of scores

Roland and Morris did not provide descriptions of the varying degrees of disability (eg, 40%-60% is severe disability). 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, their score was 2 (10 points of improvement), we would calculate an 83% (10/12 x 100) improvement.