

SPINE AND SPORT BIOMECHANICAL REHABILITATION CENTER

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Name: _____

Date: _____

PART A: Lower Extremity Functional Scale

Extreme difficulty, unable to perform at all
Quite a bit of difficulty
Moderate difficulty
A little bit of difficulty
No difficulty

1. Any of your usual work, housework, or school activities	0	1	2	3	4
2. Your usual hobbies, recreational, or sporting activities	0	1	2	3	4
3. Getting into or out of the bath	0	1	2	3	4
4. Walking between rooms	0	1	2	3	4
5. Putting on your shoes or socks	0	1	2	3	4
6. Squatting	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8. Performing light activities around the house	0	1	2	3	4
9. Performing heavy activities around the house	0	1	2	3	4
10. Getting into or out of a car	0	1	2	3	4
11. Walking two blocks	0	1	2	3	4
12. Walking a mile	0	1	2	3	4
13. Going up or down ten stairs (about one flight)	0	1	2	3	4
14. Standing for one hour	0	1	2	3	4
15. Sitting for one hour	0	1	2	3	4
16. Running on even ground (make best estimate)	0	1	2	3	4
17. Running on uneven ground (make best estimate)	0	1	2	3	4
18. Making sharp turns while running fast (make best estimate)	0	1	2	3	4
19. Hopping	0	1	2	3	4
20. Rolling over in bed	0	1	2	3	4

Please answer **every question**, based on your condition in the last week, by circling **only one** appropriate number.

If you did not or cannot perform an activity **please make your best estimate** on which response would be the most accurate.

PART B: Body Diagram

Please indicate where your pain is located and what type of pain you feel at the present time. Fill in the area on the body diagram with the appropriate symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition

Key:

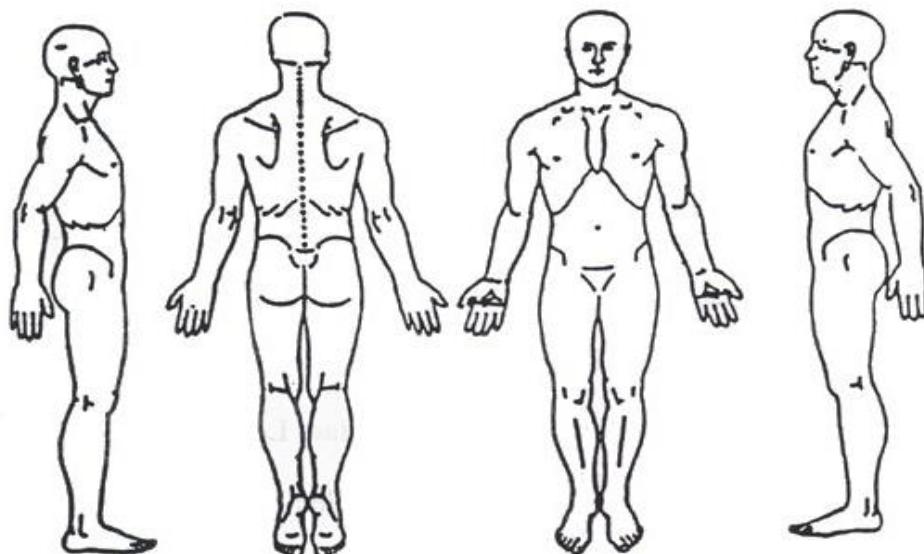
Stabbing: ///

Burning: XXX

Pins and Needles: 000

Numbness: ===

Other: (•••) _____

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PART C: Roland Morris Low Back Questionnaire

Please answer **EVERY QUESTION**, based on your condition in the last week. If you did not have the opportunity to perform an activity or never perform an activity, please make your **best estimate** on which response would be the most accurate.
ANSWER **NO** IF... the activity causes no pain, or rarely produces pain/discomfort in your LOW BACK.
ANSWER **YES** IF...the activity hurts sometimes, often, or always in your LOW BACK.

- | | | |
|---|-----|----|
| 1. I stay at home most of the time because of my back..... | YES | NO |
| 2. I change position frequently to try and get my back comfortable..... | YES | NO |
| 3. I walk more slowly than usual because of my back..... | YES | NO |
| 4. Because of my back, I am not doing any of the jobs that I usually do around the house..... | YES | NO |
| 5. Because of my back, I use a handrail to get upstairs..... | YES | NO |
| 6. Because of my back, I lie down to rest more often..... | YES | NO |
| 7. Because of my back, I have to hold on to something to get out of an easy chair..... | YES | NO |
| 8. Because of my back, I try to get other people to do things for me..... | YES | NO |
| 9. I get dressed more slowly than usual because of my back..... | YES | NO |
| 10. I only stand for short periods of time because of my back..... | YES | NO |
| 11. Because of my back, I try not to bend or kneel down..... | YES | NO |
| 12. I find it difficult to get out of a chair because of my back..... | YES | NO |
| 13. My back is painful almost all the time..... | YES | NO |
| 14. I find it difficult to turn over in bed because of my back..... | YES | NO |
| 15. My appetite is not very good because of my back pain..... | YES | NO |
| 16. I have trouble putting on my socks (or stockings) because of the pain in my back..... | YES | NO |
| 17. I only walk short distances because of my back..... | YES | NO |
| 18. I do not sleep well because of my back..... | YES | NO |
| 19. Because of my back pain, I get dressed with help from someone else..... | YES | NO |
| 20. I sit down for most of the day because of my back..... | YES | NO |
| 21. I avoid heavy jobs around the house because of my back..... | YES | NO |
| 22. Because of my back pain, I am more irritable and bad tempered with people than usual..... | YES | NO |
| 23. Because of my back, I go upstairs more slowly than usual..... | YES | NO |
| 24. I stay in bed most of the time because of my back..... | YES | NO |

If you did not have the opportunity to perform an activity in the past week, please
make your best estimate on which response would be the most accurate.

PART D: Visual Analogue Scale

Make a slash (/) along the line from the extremes, which you think represents your current pain/discomfort in your major area of injury.

No Pain at All

Pain as Bad As It Could Be



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