## ROLAND DISABILITY INDEX

Name	e: Date:
box t	n you have pain, you may find it difficult to do some of the things you normally do. In the before each sentence, put an "X" for anything that happens all the time, or an "S" for things happen only once in a while and leave the box empty if the statement does not apply to you.
	I stay home most of the time because of my pain.
	I change positions frequently to try to relieve my pain.
	I walk slower than usual because of my pain.
	Because of my pain, I am not doing any of the jobs that I usually do around the house.
	Because of my pain, I use the handrail to get upstairs.
	Because of my pain, I lie down more to rest.
	Because of my pain, I have to hold on to something to get out of an easy chair.
	Because of my pain, I try to get other people to do things for me.
	I get dressed more slowly because of my pain.
	I can only stand up for short periods of time because of my pain.
	Because of my pain, I try not to bend or kneel.
	I find it difficult to get out of a chair because of my pain.
	I am in pain almost all the time.
	I find it difficult to turn over in bed because of my pain.
	My appetite is not very good because of my pain.
	I have trouble pulling up my socks (stockings) because of my pain.
	I only walk short distances because of my pain.
	I do not sleep well because of my pain.
	I need help dressing because of my pain.
	I sit most of the day because of my pain.
	Because of my pain, I am irritable and ill-tempered with people.
	Because of my pain, I go up stairs slower than usual.
	I stay in bed most of the time because of my pain.