BOURNEMOUTH QUESTIONNAIRE (PACC MODIFIED)

Name:		Date:									
Main Health Concern:											
Please circle ONE number for each of the following statements that best describe your health problem and how it is affecting you NOW . Please read each question <i>carefully</i> before answering.											
Over the past few days, on average, how would you rate your pain?	No Pain 0	1	2	3	4	5	6	7	8	W 9	/orst Possible Pain 10
2. Over the past few days, on average, how has your health problem interfered with your daily activities (housework, washing, dressing, lifting ,reading, driving, sleeping)?	No Interference 0	1	2	3	4	5	6	7	8	d: 9	Unable to carry on with normal ay-to-day activities 10
3. Over the past few days, on average, how has your health problem interfered with your normal social routine including recreational, social and family activities?	No Interference 0	1	2	3	4	5	6	7	8		able to participate In any social or recreational activities 10
4. Over the past few days, on average, has your health concern changed how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling?	Not anxious at all 0	1	2	3	4	5	6	7	8	9	Extremely anxious 10
5. Over the past few days, on average, has your health concern changed how depressed (sad, in low spirits, pessimistic, lethargic) have you been?	Not at all 0	1	2	3	4	5	6	7	8	9	Extremely 10
6. Over the past few days, how do you think your work (both inside the home and/or employed work) has affected your health problem?	Makes it no worse 0	1	2	3	4	5	6	7	8	9	Makes it very much worse 10
7. Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your health problem?	I can control my pain completely 0	1	2	3	4	5	6	7	8	9	I have no control whatsoever 10