

BOURNEMOUTH QUESTIONNAIRE

Patient Name _____ Date _____

Instructions: The following scales have been designed to find out about your back (neck etc.) pain and how it is affecting you. Please answer ALL the scales, and mark the ONE number on EACH scale that best describes how you feel.

1. Over the past week, on average, how would you rate your back (neck, etc.) pain?

No pain									Worst pain possible	
0	1	2	3	4	5	6	7	8	9	10

2. Over the past week, how much has your pain interfered with your daily activities (housework, washing, dressing, walking, climbing stairs, getting in/out of bed/chair)?

No interference									Unable to carry out activity	
0	1	2	3	4	5	6	7	8	9	10

3. Over the past week, how much has your pain interfered with your ability to take part in recreational, social, and family activities?

No interference									Unable to carry out activity	
0	1	2	3	4	5	6	7	8	9	10

4. Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have you been feeling?

Not at all anxious									Extremely anxious	
0	1	2	3	4	5	6	7	8	9	10

5. Over the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, unhappy) have you been feeling?

Not at all depressed									Extremely depressed	
0	1	2	3	4	5	6	7	8	9	10

6. Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your pain?

Have made it no worse									Have made it much worse	
0	1	2	3	4	5	6	7	8	9	10

7. Over the past week, how much have you been able to control (reduce/help) your pain on your own?

Completely control it									No control whatsoever	
0	1	2	3	4	5	6	7	8	9	10

Examiner _____

OTHER COMMENTS:

With Permission from: Bolton JE, Breen AC: The Bournemouth Questionnaire: A Short -form Comprehensive Outcome Measure. I. Psychometric Properties in Back Pain Patients. *JMPT* 1999; 22 (9): 503-510.