

## BOURNEMOUTH QUESTIONNAIRE

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

First, consider the location of your main complaint. Is it low back pain, neck pain, shoulder pain? Tell me the one location that is your main complaint: \_\_\_\_\_

Please circle ONE number for each question related to your MAIN complaint.

1. Over the past week, on average, how would you rate your complaint?

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 complaint interfered with your daily activities (housework, washing, dressing, lifting, reading, driving)?

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 complaint 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 complaint?

Has made it no worse Has 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 back pain on your own?

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

Is there is a second region that you want to have evaluated? Please turn this form over or ask the receptionist for the additional Bournemouth Questionnaire.

## BOURNEMOUTH QUESTIONNAIRE

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Now, consider where your SECONDARY complaint/location. Is it low back pain, neck pain, shoulder pain?

Tell me the one area that is your secondary complaint: \_\_\_\_\_

Please circle ONE number for each question related to your SECONDARY complaint:

1. Over the past week, on average, how would you rate your complaint?

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

2. Over the past week, how much has your complaint interfered with your daily activities (housework, washing, dressing, lifting, reading, driving)?

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

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

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

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

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

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  
0      1      2      3      4      5      6      7      8      9      10  
Extremely depressed

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

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

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

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