

## BACK BOURNEMOUTH QUESTIONNAIRE

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** The following scales have been designed to find out about your back 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 month, on average, how would you rate your back pain?

No pain

Worst pain possible

0 1 2 3 4 5 6 7 8 9 10

2. Over the past month, how much has your back 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 month, how much has your back 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 month, 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 month, 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 month, how have you felt your work (both inside and outside the home) has affected (or would affect) your back 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 month, 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

**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.