

NECK BOURNEMOUTH QUESTIONNAIRE

Patient Name _____ Date _____

Instructions: The following scales have been designed to find out about your neck 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 HAVE FELT SINCE YOUR ONSET.**

1. On average, how would you rate your neck pain since your injury?

No pain

Worst pain possible

0 1 2 3 4 5 6 7 8 9 10

2. How much has your neck 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. How much has your neck 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. How anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) are you feeling?

Not at all anxious

Extremely anxious

0 1 2 3 4 5 6 7 8 9 10

5. 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. How have you felt your work (both inside and outside the home) has affected (or would affect) your neck pain?

Have made it no worse

Have made it much worse

0 1 2 3 4 5 6 7 8 9 10

7. How much have you been able to control (reduce/help) your neck 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 Neck Pain Patients. *JMPT* 2002; 25 (3): 141-148.