

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 week, 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 week, 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 week, 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 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 back pain?

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

OTHER COMMENTS: _____

1st Appt. / Subsequent Appt. Score: _____
 Percent Improved: _____
 Examiner: _____
(Subsequent Score / Baseline score x 100)