

Bournemouth Questionnaire (BACK Px)

Put a CROSS in ONE box for EACH of the following statements that best describes your painful complaint and how it is affecting you NOW. Please read each question carefully before answering.

Q1 Over the past few days, on average, how would you rate your back pain on a scale where '0' is 'no pain' and '10' is 'worst pain possible'?

No pain	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

Q2 Over the past few days, on average, how has your back pain interfered with your daily activities (housework, washing, dressing, lifting, walking, driving, climbing stairs, getting in/out of bed/chair, sleeping) on a scale where '0' is 'no interference' and '10' is 'completely unable to carry on with normal daily activities'?

No interference	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

Q3 Over the past few days, on average, how much has your back pain interfered with your normal social routine including recreational, social and family activities, on a scale where '0' is 'no interference' and '10' is 'completely unable to participate in any social and recreational activity'? X

No interference	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

Q4 Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling, on a scale where '0' is 'not at all anxious' and '10' is 'extremely anxious'?

Not at all anxious	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

Q5 Over the past few days, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling, on a scale where '0' is 'not at all depressed' and '10' is 'extremely depressed'?

Not at all depressed	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

Q6 Over the past few days, how do you think your work (both inside the home and/or employed work) have affected your back pain, on a scale where '0' is 'make it no worse' and '10' is 'make it very much worse'?

Make it no worse	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

Q7 Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your back pain on your own, on a scale where '0' is 'I can control it completely' and '10' is 'I have no control whatsoever'?

I have complete control over my pain	0	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>										

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE