



# BOURNEMOUTH QUESTIONNAIRE

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Instructions: The following scales have been designed to find out about your painful complaint & 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 few days, on average, how would you rate your pain?

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

2. Over the past few days, on average, how has your complaint interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in/out of bed/chair, sleeping)?

No interference \_\_\_\_\_ Unable to carry on with normal daily activity  
0 1 2 3 4 5 6 7 8 9 10

3. Over the past few days, on average, how much has your painful complaint interfered with your normal social routine including recreational, social and family activities?

No interference \_\_\_\_\_ Completely unable to participate in any social and recreational activity  
0 1 2 3 4 5 6 7 8 9 10

4. Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) 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 few days, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) 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 few days, how do you think your work (both inside the home and/or employed work) have affected your painful complaint?

Make it no worse \_\_\_\_\_ Make it much worse  
0 1 2 3 4 5 6 7 8 9 10

7. Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your pain on your own?

I can control it completely \_\_\_\_\_ No control whatsoever  
0 1 2 3 4 5 6 7 8 9 10

OTHER COMMENTS:

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