

Bournemouth Questionnaire for Low Back Pain:

The following scales have been designed to find out about your Low Back pain and how it is affecting you. Please answer ALL the scales by circling ONE number on EACH scale that best describes how you feel:

1. Over the past week, on average how would you rate your Low Back pain?

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

2. Over the past week, how much has your Low Back pain interfered with your daily activities (housework, washing, dressing, lifting, reading, driving)?

No interference **0 1 2 3 4 5 6 7 8 9 10** Unable to carry out activities

Please Describe: _____

3. Over the past week, how much has your Low Back pain interfered with your ability to take part in recreational, social, and family activities?

No interference **0 1 2 3 4 5 6 7 8 9 10** Unable to carry out activities

Please Describe: _____

4. Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have you been feeling?

Not at all anxious **0 1 2 3 4 5 6 7 8 9 10** Extremely anxious

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 **0 1 2 3 4 5 6 7 8 9 10** Extremely depressed

6. Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your Low Back?

Made it no worse **0 1 2 3 4 5 6 7 8 9 10** Made it much worse

If worse, which activities? _____

7. Over the past week, how much have you been able to control (reduce/help) your Low Back pain on your own?

Completely control it **0 1 2 3 4 5 6 7 8 9 10** No control whatsoever

What have you done? _____

Patient Name: _____ Date: _____