

Bournemouth Questionnaire

Back Pain (BQ-back)

Name:

Date:

Please circle **ONE** number for each of the following statements that best describes your neck pain and how it is affecting you **NOW**. Please read each question carefully before answering:

1. Over the past few days, on average, how would you rate your back pain?	No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain
2. Over the past few days, on average, how has your back pain interfered with your daily activities (housework, washing, dressing, lifting, reading, driving, sleeping)?	No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry-on with normal day-to-day activities
3. Over the past few days, on average, how has your back pain interfered with your normal social routine including recreational, social, and family activities?	No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to participate in any social and recreational activities
4. Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling?	Not Anxious At All 0 1 2 3 4 5 6 7 8 9 10 Extremely Anxious
5. Over the past few days, on average, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling?	Not Depressed At All 0 1 2 3 4 5 6 7 8 9 10 Extremely Depressed
6. Over the past few days, how do you think your work (both inside the home and/or employed work) has affected your back pain?	Makes It No Worse 0 1 2 3 4 5 6 7 8 9 10 Makes It Very Much Worse
7. 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?	I Can Control My Pain Completely 0 1 2 3 4 5 6 7 8 9 10 I Have No Control Whatsoever

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE