



## Bournemouth Questionnaire

**Instructions:** The following scales have been designed to find out about your pain and how it is affecting you. Please answer ALL scales, and mark the number on each scale that best describes how you feel.

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

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

2. Over the past week, how much has your pain interfered with your daily activities (housework, washing, dressing, walking, climbing stairs, getting in/out of bed/chairs)?

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

3. Over the past week, how much has your 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 **Unable to carry out activity**  
10

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

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

5. Over the past week, how depressed (down-in-the-dump, sad, in low spirits, pessimistic, unhappy) have you been feeling?

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

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

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

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

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

Other comments: \_\_\_\_\_

With permission from: Bolton JE, Breen AC: The Bournemouth Questionnaire: A Short-form Comprehensive Outcome Measure.