## The Back Bournemouth Questionnaire

NAME							DATE			AGE _	
The following scales have been designed to find out about your 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 back pain?										
	No pain 0	1	2	3	4	5	6	7	Wo 8	rst pain 9	possible 10
2.											ily activities bed/chair)?
	No interfe 0	rence 1	2	3	4	5	6	Una 7	able to 8	carry οι 9	it activity 10
3.	Over the past week, how much has your back pain interfered with your ability to part in recreational, social, and family activities?									ility to take	
	No interfe 0	rence 1	2	3	4	5	6	Una 7	ble to d 8	carry ou	t activity 10
4.	Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have your been feeling?										
	Not at all 0	anxious 1	5 2	3	4	5	6	7	8 Ex	tremely 9	anxious 10
5.	Over the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, unhappy) have you been feeling?										
	Not at all 0	depress 1	sed 2	3	4	5	6	7	Extre 8	emely do	epressed 10
6.	Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your back pain?										
	Have mad 0	le it no 1	worse 2	3	4	5	6	На 7	ave ma 8	de it mu 9	ıch worse 10
7.	Over the pain on yo			v much	have y	ou beei	n able t	o contr	ol (red	uce/helք	o) your back
	Complete 0	ly contr 1	ol it 2	3	4	5	6	7	No co	ntrol wh	natsoever 10