The Neck Bournemouth Questionnaire

NAME						_ DATE			AGE			
The following scales have been designed to find out about your neck 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.	1. Over the past week, on average, how would you rate your neck pain?											
	No pain 0 1	2	3	4	5	6	7		orst pai 9	n possible 10		
2.	Over the past week, how much has your neck pain interfered with your daily activities (housework, washing, dressing, lifting, reading, driving)?											
	No interferen 0 1	ce 2	3	4	5	6			o carry o 9	out activity 10		
3.	Over the past week, how much has your neck pain interfered with your ability to take part in recreational, social, and family activities?											
	No interferen 0 1	ce 2	3	4	5	6			carry o 9	ut activity 10		
4.	Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have your been feeling?											
	Not at all anxious 0 1 2 3			4	5	6				tremely anxious 9 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 depressed Extremel 0 1 2 3 4 5 6 7 8 9					depressed 10						
6.	Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your neck pain?											
	Have made it 0 1	no worse 2	e 3	4	5	6	7	Have m 8	ade it m 9	nuch worse 10		
7.	Over the past week, how much have you been able to control (reduce/help) your neck pain on your own?											
	Completely co 0 1	ontrol it 2	3	4	5	6	7	No (8	control v 9	vhatsoever 10		

Bolton JE, Breen AC. The Bournemouth Questionnaire: a short-form comprehensive outcome measure. I. Psychometric properties in neck pain patients. J Manipulative Physiol Ther 1999;22:503-10