

NECK BOURNEMOUTH QUESTIONNAIRE

Patient Name _____

Date: _____

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

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

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

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

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

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

Not at all anxious _____ **Extremely anxious**
0 1 2 3 4 5 6 7 8 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 _____ **Extremely depressed**
0 1 2 3 4 5 6 7 8 9 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 no worse _____ **Have made it much worse**
0 1 2 3 4 5 6 7 8 9 10

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

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

OTHER COMMENTS: _____

Patient Signature

Date

Clinician Signature

Date