NECK BOURNEMOUTH QUESTIONNAIRE

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ver the past we ctivities?				4	5			Unab	ie to carry	out activity		
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ver the past we	eek, how	depressed	(down-in-	-the-dump	s, sad, in l	low spirits.	, pessimist	ic, unhap	oy) have y	ou been feeling?		
ot at all depres	ssed							Extre	mely depre	essed		
0	1	2	3	4	5	6	7	8	9	10		
ver the past we	eek, how	have you i	felt your w	ork (both	inside and	d outside th	ne home) l	nas affecte	ed (or wou	ld affect) your neck		
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ver the past we	eek, how							pain on y	our own?			
•		•	No control whatsoever									
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										Examiner		
	ot at all anxious over the past we over the past we ave made it not over the past we ompletely confidence of the past we obtain the past we ob	over the past week, how for at all anxious 1 over the past week, how for at all depressed 1 over the past week, how fave made it no worse 1 over the past week, how ompletely control it 1	ever the past week, how anxious (to at all anxious)	ever the past week, how anxious (tense, uptigned at all anxious) 10 1 2 3 11 2 3 12 3 13 2 3 15 2 3 16 2 4 3 1	ever the past week, how anxious (tense, uptight, irritable) for at all anxious $0 - 1 - 2 - 3 - 4$ ever the past week, how depressed (down-in-the-dump) for at all depressed $0 - 1 - 2 - 3 - 4$ ever the past week, how have you felt your work (both fave made it no worse $0 - 1 - 2 - 3 - 4$ ever the past week, how much have you been able to completely control it $0 - 1 - 2 - 3 - 4$	ever the past week, how anxious (tense, uptight, irritable, difficulty of at all anxious $0 - 1 - 2 - 3 - 4 - 5$) Ever the past week, how depressed (down-in-the-dumps, sad, in left at all depressed $0 - 1 - 2 - 3 - 4 - 5$) Ever the past week, how have you felt your work (both inside and lave made it no worse $0 - 1 - 2 - 3 - 4 - 5$) Ever the past week, how much have you been able to control (recompletely control it	ever the past week, how anxious (tense, uptight, irritable, difficulty in concentrate all anxious) The past week	ever the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/r of at all anxious $0 - 1 - 2 - 3 - 4 - 5 - 6 - 7$ ever the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimist of at all depressed $0 - 1 - 2 - 3 - 4 - 5 - 6 - 7$ ever the past week, how have you felt your work (both inside and outside the home) It ave made it no worse $0 - 1 - 2 - 3 - 4 - 5 - 6 - 7$ ever the past week, how much have you been able to control (reduce/help) your neck completely control it $0 - 1 - 2 - 3 - 4 - 5 - 6 - 7$	ever the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, unhapped that all depressed the past week, how have you felt your work (both inside and outside the home) has affected are made it no worse. 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The past week, how much have you been able to control (reduce/help) your neck pain on your own? The past week, how much have you been able to control (reduce/help) your neck pain on your own? The past week, how much have you been able to control (reduce/help) your neck pain on your own? The past week, how much have you been able to control (reduce/help) your neck pain on your own? The past week you have you been able to control (reduce/help) your neck pain on your own? The past week you have you been able to control (reduce/help) your neck pain on your own? The past week you have you been able to control (reduce/help) your neck pain on your own?		

With Permission from: Bolton JE, Humphreys BK: The Bournemouth Questionnaire: A Short-form Comprehensive Outcome Measure. II. Psychometric Properties in Neck Pain Patients. *JMPT* 2002; 25 (3): 141-148.

QUADRUPLE VISUAL ANALOGUE SCALE

	ead car		1 41 :	1 4 4	. 1	1 41		1 ,				
istructi	ons: Pl	ease circ	ie the num	ber that b	est descri	bes the que	stion bein	g asked.				
ote:	If you comple	have mo aint. Ple	ore than one ase indicat	e complair e your pai	nt, please in level ri	answer ead ght now, av	ch question verage pai	n for each	h individual in at its bes	complaint and wor	t and ind	licate the score for each
xample	:											
No pain	Headache					Neck			Low Back			
	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
	1 – W	hat is vo	our pain R	IGHT NO	OW?							
r .		•	•									
No pain	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
	2 – W	hat is yo	our TYPIC	CAL or A	VERAGI	E pain?						
lo pain												worst possible pain
	0	1	2	3	4	5	6	7	8	9	10	
	3 – W	hat is yo	our pain le	vel AT IT	S BEST	(How close	e to "0" d	oes your	pain get a	t its best)	?	
No pain	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
	4 – W	hat is yo	our pain le	vel AT IT	S WOR	ST (How c	lose to "1	0" does y	our pain g	et at its w	vorst)?	
No pain												worst possible pain
	0	1	2	3	4	5	6	7	8	9	10	
THER	COM	MENTS	:									

PAIN DISABILITY QUESTIONNAIRE

Patient Name	Date
Instructions: These questions ask your views about how your pain activities. Please answer every question and mark the ONE number	
1. Does your pain interfere with your normal work inside and outside	de the home?
Work normally	Unable to work at all
0	
2. Does your pain interfere with personal care (such as washing, dre	essing, etc.)?
Take care of myself completely	Need help with all my personal care
0 5 6	7 8 9 10
3. Does your pain interfere with your traveling?	
Travel anywhere I like	Only travel to see doctors
0	7 8 9 10
4. Does your pain affect your ability to sit or stand?	
No problems	Can not sit/stand at all
0 5 6	
5. Does your pain affect your ability to lift overhead, grasp objects,	
No problems	Can not do at all
0 5 6	
6. Does your pain affect your ability to lift objects off the floor, ber	
No problems 0	Can not do at all
	/ 8 9 10
7. Does your pain affect your ability to walk or run?	Can not walk/run at all
No problems 0	
8. Has your income declined since your pain began?	/ 8 9 10
No decline	Lost all income
0 1 2 3 4 5 6	
9. Do you have to take pain medication every day to control your p	
No medication needed	On pain medication throughout the day
0 2 3 4 5 6	1 5
10. Does your pain force your to see doctors much more often than	
Never see doctors	See doctors weekly
0	
11. Does your pain interfere with your ability to see the people who No problem	o are important to you as much as you would like? Never see them
0	7 8 9 10
12. Does your pain interfere with recreational activities and hobbies	s that are important to you?
No interference	Total interference
0 5 6	7 8 9 10
13. Do you need the help of your family and friends to complete even	eryday tasks (including both work outside the home
and housework) because of your pain?	
Never need help	Need help all the time
0	
14. Do you now feel more depressed, tense, or anxious than before	your pain began?
No depression/tension	Severe depression/tension
0 1 2 3 4 5 6	
15. Are there emotional problems caused by your pain that interfere No problems	Severe problems
0	7 8 9 10
	Examiner

OTHER COMMENTS: