

Bournemouth Questionnaire (BACK Px)

'Circle or change font colour for a number' for EACH of the following statements that best describes your painful complaint and how it is affecting you NOW. Please read each question carefully before answering.

Q1 Over the past few days, on average, how would you rate your back pain on a scale where '0' is 'no pain' and '10' is 'worst pain possible'?

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

Q2 Over the past few days, on average, how has your back pain interfered with your daily activities (housework, washing, dressing, lifting, walking, driving, climbing stairs, getting in/out of bed/chair, sleeping) on a scale where '0' is 'no interference' and '10' is 'completely unable to carry on with normal daily activities'?

No interference 0 1 2 3 4 5 6 7 8 9 10

Q3 Over the past few days, on average, how much has your back pain interfered with your normal social routine including recreational, social and family activities, on a scale where '0' is 'no interference' and '10' is 'completely unable to participate in any social and recreational activity'?

No interference 0 1 2 3 4 5 6 7 8 9 10

Q4 Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling, on a scale where '0' is 'not at all anxious' and '10' is 'extremely anxious'?

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

Q5 Over the past few days, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling, on a scale where '0' is 'not at all depressed' and '10' is 'extremely depressed'?

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

Q6 Over the past few days, how do you think your work (both inside the home and/or employed work) have affected your back pain, on a scale where '0' is 'make it no worse' and '10' is 'make it very much worse'?

Make it no worse 0 1 2 3 4 5 6 7 8 9 10

Q7 Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your back pain on your own, on a scale where '0' is 'I can control it completely' and '10' is 'I have no control whatsoever'?

I have complete control over my pain 0 1 2 3 4 5 6 7 8 9 10

VAS Please put a mark on the line below to show where you feel your pain has been over the last two weeks, where the left-hand side means No Pain and the right-hand side means Intense Pain.

NO PAIN _____ INTENSE PAIN

F&F How likely would you recommend this course to Friends and Family?

(PLEASE CIRCLE)

Extremely Likely / Likely / Neither Likely nor Unlikely / Unlikely / Extremely Unlikely / Don't Know

Name...

Town Where Attended YHLB Course...

Today's Date....

(PLEASE CIRCLE)... Before 12-week YHLB course / Just After YHLB course / 12 / 24 / 36 / 48 months
After

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE