

Bournemouth Questionnaire MSK Pain

Put a **CROSS** in **ONE** box 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 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 complaint interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, 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 painful complaint 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 painful complaint, 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 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
-

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE