

BOURNEMOUTH QUESTIONNAIRE

The following scales have been designed to find out about your back 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. Over the past week, on average, how would you rate your back pain?

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

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

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

3. Over the past week, how much has your back pain interfered with your ability to take part in recreational, social, and family activities?

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

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

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

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 0 1 2 3 4 5 6 7 8 9 10 Extremely depressed

6. Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your back pain?

Have made it no worse 0 1 2 3 4 5 6 7 8 9 10 Have made it much worse

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

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

Botton JE, Breen AC. The Bournemouth Questionnaire: a shortform comprehensive outcome measure. I. Psychometric properties in back pain patients. J Manipulative Physiol Ther. 1999 Oct;22(8):502-10

GENERAL FUNCTION SCORE

NAME _____ DATE _____ AGE _____ Birthdate: ____ - ____ - ____ .

For each statement please place a mark in the column that best describes your ability at the present time.

	Can perform	Can perform with difficulty, due to low back pain	Cannot perform, due to low back pain
Walk a staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit for more than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand for more than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk for more than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift more than 22 pounds (10 Kg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean over a basin (sink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry a bag of groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hagg O, Fritzell P, Romberg K, Nordvall A. The General Function Score: a useful tool for measurement of physical disability. Validity and reliability. Eur Spine J. 2001 Jun;10(30):203-10

GENERAL FUNCTION SCORE SCORING METHOD

Scoring

Column 1 = 0

Column 2 = 1

Column 3 = 2.

Total score = Total points/18 X 100 = physical disability.

Zero = no physical disability. 100 = maximum disability.

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