

### Neck Bournemouth Questionnaire

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** The following scales have been designed to find out about your **neck 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, lifting, reading, driving)?**

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 back 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?**

Has made it no worse	Has 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: \_\_\_\_\_

 1<sup>st</sup> Appt. / Subsequent Appt. Score: \_\_\_\_\_ Percent Improved: \_\_\_\_\_ Examiner: \_\_\_\_\_

(Subsequent Score / Baseline score x 100)