

**Advanced Chiropractic Relief Dr. Gregory E. Johnson, D.C.**

**Bournemouth Questionnaire MSK Pain**

Circle ONE 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.

1. 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 Worst pain possible  
0 1 2 3 4 5 6 7 8 9 10

2. 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 Unable to carry out activity  
0 1 2 3 4 5 6 7 8 9 10

3. 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 Unable to carry out activity  
0 1 2 3 4 5 6 7 8 9 10

4. 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 no interference and "10" is extremely anxious?

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

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

6. 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 makes it no worse and "10" is makes it very much worse?

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

7. 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 control over my pain 0 1 2 3 4 5 I have no control over my pain 6 7 8 9 10

