

Bournemouth Lumbar Assessment

Name: _____ Date: _____

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

Blaug Family Chiropractic * 641 Latton Lane * Portage, WI 53901 * 608-742-1300 * www.blauchiropractic.com

Bolton JE, Breen AC. The Bournemouth Questionnaire: a short-form comprehensive outcome measure. I. Psychometric properties in back pain patients. *J Manipulative Physiol Ther* 1999;22:503-10.