								NECK:	BOURN	EMOUT:	H QUESTIONNAIRE	
Patient	t Name							Date				
Instru							our neck p				. Please answer ALL the	
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			
	$\overline{0}$	1	2	3	4	5	6	7	8	9	10	
3.	Over the past week, how much has your neck 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			
	$\overline{0}$	1	2	3	4	5	6	7	8	9	10	
5.	Over the past we	eek, how	depressed	(down-in-	-the-dump	s, sad, in	low spirits.	, pessimis	tic, unhapį	oy) have y	ou 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?											
	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 we	eek, how	much have	e you beer	able to co	ontrol (red	luce/help)	your neck	pain on y	our own?		
	Completely control it								No control whatsoever			
	0	1	2	3	4	5	6	7	8	9	10	

OTHER COMMENTS: \_\_\_\_

With Permission from: Bolton JE, Humphreys BK: The Bournemouth Questionnaire: A Short-form Comprehensive Outcome Measure. II. Psychometric Properties in Neck Pain Patients. *JMPT* 2002; 25 (3): 141-148.