

# Numeric Pain Rating Scale

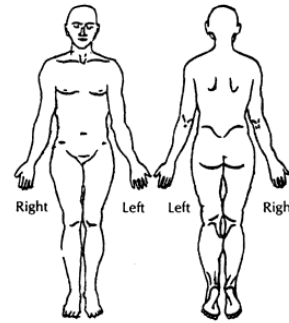
Patient Name \_\_\_\_\_

Date \_\_/\_\_/\_\_

Describe your current problem and how it began:

Mark an X on the picture where have pain or other symptoms.

- Headache
- Neck Pain
- Mid-Back Pain
- Low-Back Pain
- Other \_\_\_\_\_



Date problem began: \_\_/\_\_/\_\_

How problem began: \_\_\_\_\_

From 1 to 10, how is your pain today? \_\_\_\_\_

How often are your symptoms present?

- (Occasionally)  0-25%  26-50%  51-75%  76-100% (Constantly)

In general, would you say your overall health right now is:  Excellent  Very Good  Good  Fair  Poor

HAVE YOU HAD SPINAL X-RAYS, MRI, OR A CT SCAN FOR YOUR AREA(S) OF COMPLAINT?  Yes  No

## 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 you back 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 back pain interfered with your daily activities (housework, washing, dressing, walking, climbing stair, getting in/out of bed/chair)?

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 recreation, 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 your back 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 week, how much have you been able to control (reduce/help) your back pain on your own?

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