

Bournemouth Questionnaire

Back Pain (BQ-back)

Name:

Date:

Please circle **ONE** number for each of the following statements that best describes your neck pain 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 back pain?	No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain
2. Over the past few days, on average, how has your back pain interfered with your daily activities (housework, washing, dressing, lifting, reading, driving, sleeping)?	No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry-on with normal day-to-day activities
3. Over the past few days, on average, how has your back pain interfered with your normal social routine including recreational, social, and family activities?	No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to participate in any social and recreational activities
4. Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling?	Not Anxious At All 0 1 2 3 4 5 6 7 8 9 10 Extremely Anxious
5. Over the past few days, on average, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling?	Not Depressed At All 0 1 2 3 4 5 6 7 8 9 10 Extremely Depressed
6. Over the past few days, how do you think your work (both inside the home and/or employed work) has affected your back pain?	Makes It No Worse 0 1 2 3 4 5 6 7 8 9 10 Makes It Very Much Worse
7. Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your back pain on your own?	I Can Control My Pain Completely 0 1 2 3 4 5 6 7 8 9 10 I Have No Control Whatsoever

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

The Quebec Back Pain Disability Scale

This questionnaire is about the way your back pain is affecting your daily life. People with back problems may find it difficult to perform some of their daily activities. We would like to know if you find it difficult to perform any of the activities listed below, because of your back. For each activity there is a scale of 0 to 5. Please choose one response option for each activity (do not skip any activities) and circle the corresponding number.

Today, do you find it difficult to perform the following activities because of your back?

		0 Not difficult at all	1 Minimally difficult	2 Somewhat difficult	3 Fairly difficult	4 Very difficult	5 Unable to do
1	Get out of bed	0	1	2	3	4	5
2	Sleep through the night	0	1	2	3	4	5
3	Turn over in bed	0	1	2	3	4	5
4	Ride in a car	0	1	2	3	4	5
5	Stand up for 20-30 minutes	0	1	2	3	4	5
6	Sit in a chair for several hours	0	1	2	3	4	5
7	Climb one flight of stairs	0	1	2	3	4	5
8	Walk a few blocks (300-400 m)	0	1	2	3	4	5
9	Walk several kilometres	0	1	2	3	4	5
10	Reach up to high shelves	0	1	2	3	4	5
11	Throw a ball	0	1	2	3	4	5
12	Run one block (about 100m)	0	1	2	3	4	5
13	Take food out of the refrigerator	0	1	2	3	4	5
14	Make your bed	0	1	2	3	4	5
15	Put on socks (pantyhose)	0	1	2	3	4	5
16	Bend over to clean the bathtub	0	1	2	3	4	5
17	Move a chair	0	1	2	3	4	5
18	Pull or push heavy doors	0	1	2	3	4	5
19	Carry two bags of groceries	0	1	2	3	4	5
20	Lift and carry a heavy suitcase	0	1	2	3	4	5

Add the numbers for a total score: _____

Minimum detectable change (90% confidence) 15 points

Source: Kopec, JA, Esdaile, JM, Abrahamowicz, M., Abenhaim, L, Wood-Dauphinee, S, Lamping, DL & Williams JI. (1995). The Quebec Back Pain Disability Scale. *Spine*, 20 (3), 341-352. Reproduced with permission of the publisher.
MDC₉₀: Davidson, M. & Keating, J.L. (2002). A comparison of five low back disability questionnaires: Reliability and responsiveness. *Physical Therapy*, 82 (1), 8- 24.