

Bournemouth Questionnaire Adapted to Quantify Pain or Numbness in the Leg and Foot

Name (Please Print): _____ Date: _____

PLEASE READ: The following scales have been designed to find out about your Leg/Foot symptoms and how they are affecting you. Please answer ALL of the questions by circling ONE number on EACH scale that best describes how you feel.

1. Over the past week, on average, how would you rate your Leg/Foot Pain or Numbness?

No Pain or Numbness Worst Pain or Numbness Possible
0 1 2 3 4 5 6 7 8 9 10

2. Over the past week, how much has your Leg/Foot Pain or Numbness interfered with your daily activities (housework, washing, dressing, lifting, reading, driving)?

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 Leg/Foot Pain or Numbness 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
0 1 2 3 4 5 6 7 8 9 10

5. Over the past week, how depressed (down in the dumps, sad, low in 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 (or would affect) your Leg/Foot Pain or Numbness?

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 Leg/Foot Pain or Numbness on your own?

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

Total: _____ / 70 = _____ % Disability Scored by: _____