

Bournemouth Questionnaire Adapted to Quantify Pain or Numbness in the Arm and Hand

Name (Please Print): _____ Date: _____

PLEASE READ: The following scales have been designed to find out about your Arm/Hand 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 Arm/Hand 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 Arm/Hand 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 Arm/Hand 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, pessimistic, unhappy) have you been?

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 Arm/Hand 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 Arm/Hand 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: _____