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

Name (Please	Date:											
PLEASE READ: T	he follo	wing sca	les have	been desig	ned to fir	nd out al	out you			s and how i	they are affecting w you feel.	you.
Over the pa	st weel	k, on ave	erage, h	ow would	l you rate	e your L	.eg/Foot	Pain or I	Numbnes	s?		
No Pain or N	Numbne	ess							W	orst Pain c	r Numbness Pos	sible
	0	1	2	3	4	5	6	7	8	9	10	
. Over the pas	t week,	how m	uch has	your Leg,	/Foot Pai	in or Nu	mbness	interfere	ed with yo	our daily a	ctivities (housew	ork,
vashing, dressir	ng, liftir	ng, read	ing, driv	ing?)								
No Interfere	nce									Unabl	e to carry out ac	tivity
	0	1	2	3	4	5	6	7	8	9	10	
3. Over the past					Foot Pair	n or Nui	mbness	interfere	d with yo	ur ability t	o take part in	
No Interferer	nce									Unabl	e to carry out ac	tivity
	0	1	2	3	4	5	6	7	8	9	10	
l. Over the pas Not at all anx		how ar	nxious (t	ense, upt	ight, irrit	able, di	fficulty i	in concer	ntrating/r		ave you been fee Extremely anxiou	
	0	1	2	3	4	5	6	7	8		10	
6. Over the pas	st week	, how d	epresse	d (down i	n the dui	mps, sa	d, pessir	mistic, un	happy) h	ave you be	een?	
Not at all dep	ressed										Extremely depre	ssed
	0	1	2	3	4	5	6	7	8	9	10	
5. Over the pas				felt your v	work (bo	th insid	e and o	utside the	e home) h	nas affecte	d (or would affe	ct)
Have made	it no w	orse								Have	made it much w	orse/
	0	1	2	3	4	5	6	7	8	9	10	
7. Over the pas	st week	, how m	uch hav	ve you be	en able t	o contro	ol (redud	ce/help) y	our Leg/	Foot Pain	or Numbness on	
Completely	contro	l it								No	control whatsoe	ever
	0	1	2	3	4	5	6	7	8	9	10	
	U	1	۷	J	4	3	U	,	O	J	10	
		٦	Гotal:	/ 70 =	=	% Disab	oility So	cored by:				