Brief Pain Inventory

Date: …………………..
Time: …………………..

Instructions: Please use a black or red pen to record your answers, (don’t use blue pen or pencil)

1. On the diagram, shade the areas where you feel pain. Put an X on the most painful area.

2. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

   - 0: No pain
   - 1: Pain as bad as you can imagine

3. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

   - 0: No pain
   - 1: Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain on average.

   - 0: No pain
   - 1: Pain as bad as you can imagine

5. Please rate your pain by circling the one number that tells how much pain you have right now.

   - 0: No pain
   - 10: Pain as bad as you can imagine

6. What treatments have you received or medications are you taking for your pain?

   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

7. In the last week, how much relief have pain treatments or medications provided? Please circle one percentage that best shows how much relief you have received.

   - 0%: No Relief
   - 10% to 100%: Complete Relief

8. Circle the one number that describes how, during the past week, pain has interfered with your:

   A. General Activity
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

   B. Mood
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

   C. Walking Ability
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

   D. Normal Work (includes work both outside the home and housework)
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

   E. Relations with other people
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

   F. Sleep
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

   G. Enjoyment of Life
   - 0: Does Not Completely Interfere
   - 10: Completely Interferes

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