

# Brief Pain Inventory

Date: .....

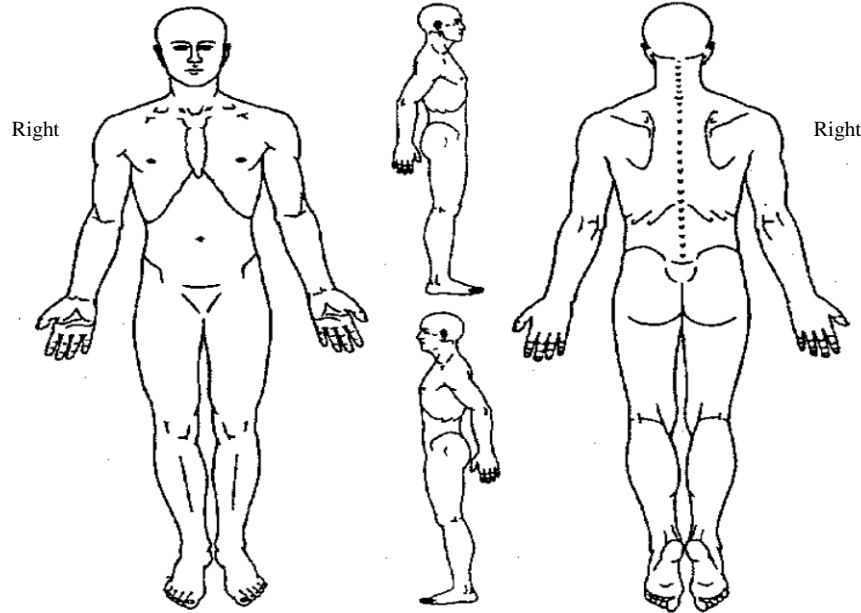
Time: .....

Patient details.

Name: .....

DOB: ..... Attach label

**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	1	2	3	4	5	6	7	8	9	10
No pain										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	1	2	3	4	5	6	7	8	9	10
No pain										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	1	2	3	4	5	6	7	8	9	10
No pain										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	1	2	3	4	5	6	7	8	9	10
No pain										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%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No Relief										Complete Relief

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

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes

D. Normal Work (includes work both outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes

G. Enjoyment of Life

0	1	2	3	4	5	6	7	8	9	10
Does Not Interfere										Completely Interferes