

BRIEF PAIN INVENTORY – SHORT FORM

Patient Name: _____

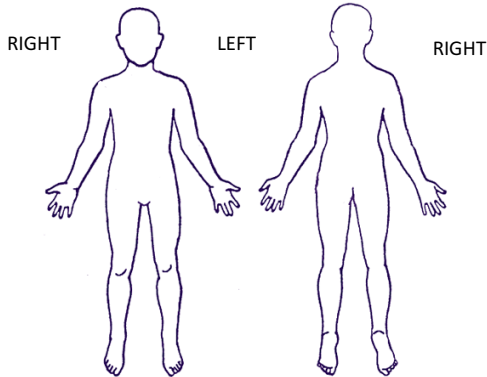
Date: _____

Patient Contact Phone number: _____

Time: _____

1. Throughout our lives, most of us have had pain from time to time – such as headaches, sprains, toothaches. Have you had pain other than these everyday kinds of pain today?
1 - YES 2 - NO

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its **WORST** in the past 24hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its **LEAST** in the past 24hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the **AVERAGE**.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as you can imagine

6. Please rate your pain by circling the one number that best describes your pain **RIGHT NOW**.

0 1 2 3 4 5 6 7 8 9 10
No Pain as bad as you can imagine

7. What treatments or medications are you receiving for your pain? _____

8. In the past 24hours, how much RELIEF have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 10%

9. Circle the number that describes how, during the past 24hours PAIN HAS INTERFERED with your:

A. General Activity

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference

B. Mood

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference

C. Walking Ability

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference

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

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference

E. Relations with other people

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference

F. Sleep

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference

G. Enjoyment of Life

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Complete Interference