

Brief Pain Inventory (Short Form)

- 1) 1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?
- ☐ Yes ☐ No
- 2) 2. Where do you feel pain? What area or parts of your body hurt the most?
- 3) 3. Please rate your pain by selecting the one number that best describes your pain at its worst in the last 24 hours.
- ☐ 0 No Pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Pain as bad as you can imagine
- 4) 4. 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 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Pain as bad as you can imagine
- 5) 5. Please rate your pain by circling the one number that best describes your pain on the average.
- ☐ 0 No Pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Pain as bad as you can imagine
- 6) 6. Please rate your pain by circling the one number that tells how much pain you have right now.
- ☐ 0 No Pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Pain as bad as you can imagine
- 7) 7. What treatments or medications are you receiving for your pain?
- 8) 8. In the last 24 hours, how much relief have pain treatments or medications provided? Please select the one percentage that most shows how much relief you have received.
- ☐ 0% No Relief ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80%
☐ 90% ☐ 100% Complete Relief
9. Select the one number that describes how, during the past 24 hours, pain has interfered with your:
- 9) A. General activity
- ☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Completely interferes
- 10) B. Mood
- ☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Completely interferes
- 11) C. Walking Ability
- ☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely Interferes

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

☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely Interferes

13) E. Relations with other people

☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely Interferes

14) F. Sleep

☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely Interferes

15) G. Enjoyment of life

☐ 0 Does not Interfere ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 9 ☐ 10 Completely Interferes

16) Additional Notes or Comments