

## Brief Pain Inventory

Name: \_\_\_\_\_

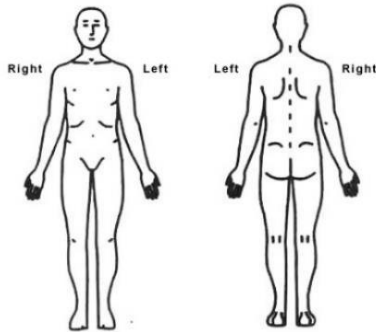
Date: \_\_\_\_\_ Time: \_\_\_\_\_

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 everyday kinds of pain today?

Yes

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 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 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

5. 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

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

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

0% 10 20 30 40 50 60 70 80 90 100%

No Relief

Complete Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

a) General Activity

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

b) Mood

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

c) Walking ability

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

d) Normal Work (includes both work outside/home/housework)

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

e) Relations with other people

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

f) Sleep

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

g) Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

h) Ability to concentrate

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

i) Appetite

0 1 2 3 4 5 6 7 8 9 10

Not at all

Greatly Interferes

10. In the area where you have pain, do you have "pins and needles", tingling or prickling sensations?

Yes

No

11. Does the painful area change colour (perhaps mottled or red) when the pain is particularly bad?

Yes

No

12. Does your pain make the affected skin abnormally sensitive to the touch?

Yes

No

13. Does your pain come on suddenly and in bursts for no apparent reason when you are completely still?

Yes

No

14. In the area where you have pain, does your skin feel unusually hot like burning pain?

Yes

No

15. Gently **rub** the painful area with your index finger and then rub a non-painful area. How does the rubbing feel in the painful area?

☐ No difference

☐ Discomfort – pins and needles, tingling or burning in the painful area

16. Gently **press** on the painful area with your fingertip then gently press in the same way to a non painful area. How does this feel in the painful area?

☐ No difference

☐ Discomfort – pins and needles, tingling or burning in the painful area