

Brief Pain Inventory (Short Form)

Study ID# _____ Hospital # _____
Do not write above this line.

Date: _____

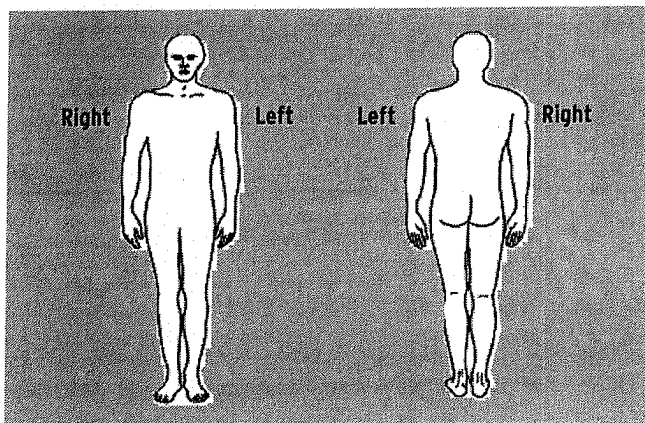
Time: _____

Name: _____
Last First Middle Initial

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?

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 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 past 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 the **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 tell 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

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

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
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 both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10
Does not Interfere Completely interferes

E. Relation 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



ACTIVITY: How do these activities affect the pain?

	Pain	Pain	No		Pain	Pain	No
	Increases	Decreases	Change		Increases	Decreases	Change
Lying on right side				Bending			
Lying on left side				Sitting			
Lying on stomach				Sit to Stand			
Lying on back				Standing			
In the morning				Walking			
As the day progresses				Not Moving			
In the evening				Moving			
After work				Climb			
Lifting				Twist			
Pushing				Stress			
Pulling				Other			

GENERAL

Sleep: I can sleep through the night without pain waking me up. Yes No

If NO – I can sleep hours a night. I usually sleep hours.

My sleeping surface is: Firm Waterbed
 Soft Other:
 Sagging

I sleep on my: right side stomach
 (Mark all that apply) left side back

I use pillows: under my head 1 pillow 2 pillows >2 pillows
 under my legs 1 pillow 2 pillows >2 pillows
 Other:

Weight: My weight has: increased in the last year.
 decreased in the last year.
 stayed the same in the last year.

Weight change of: 10-20 pounds in the past 6 months.
 20-30 pounds in the past 6 months.
 greater than 30 pounds in the past 6 months.

Other: When I sneeze, strain, or cough my back and/or leg symptoms/pain get: better worse no change

I have noticed an increase in frequency or incontinence with urination: yes no

I have noticed an increased "tiredness" or giving way in either leg when I walk: yes no

Please Check which ONE statement best describes your complaints

- No complaint(s) with unlimited activity
- Annoying complaint(s) that slightly alter(s) my normal activity
- Tolerable complaint(s) that minimally alter(s) my normal activity
- Tolerable complaint(s) that moderately alter(s) my normal activity
- Tolerable complaint(s) that make normal activity difficult
- Tolerable complaint(s) that make normal activity very difficult
- Severe complaint(s) that stop(s) normal activity completely