

Brief Pain Inventory—Short Form

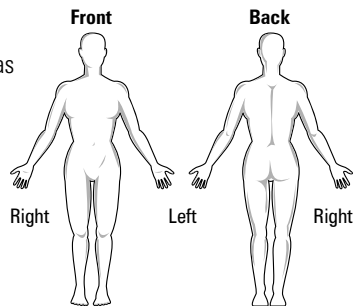
First Name _____ Date _____

Last Name _____ Time _____

- 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

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



- Please rate your pain by circling the one number that best describes your pain at its **worst** in the last 24 hours.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
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- Please rate your pain by circling the one number that best describes your pain at its **least** in the last 24 hours.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
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- Please rate your pain by circling the one number that best describes your pain on the **average**.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
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- Please rate your pain by circling the one number that tells how much pain you have **right now**.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
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Brief Pain Inventory—Short Form (cont'd)

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

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

No relief	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Complete relief
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9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General activity

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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B. Mood

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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C. Walking ability

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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D. Normal work (includes both work outside the home and housework)

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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E. Relations with other people

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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F. Sleep

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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G. Enjoyment of life

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