# Brief Pain Inventory (Short Form)

Date:____ / ____/ ____        Time: _____

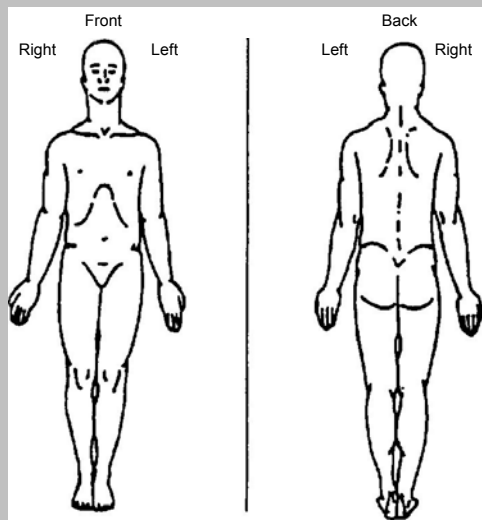Name:_____ _____ _____
                 Last                         First            Middle Initial

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 every-day 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 last 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 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 tells 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 |

STUDY ID #:_____    DO NOT WRITE ABOVE THIS LINE    HOSPITAL #: _____

Date:____/____/____                                           Time: _____
Name:_____  _____  _____
                  Last                    First              Middle Initial

**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 most shows how much relief you have received.

0%    10%   20%   30%   40%   50%   60%   70%   80%   90%   100%
No                                                                    Complete
Relief                                                                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                                                              Completely
Interfere                                                            Interferes

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

C.    Walking Ability
0      1      2      3      4      5      6      7      8      9      10
Does not                                                              Completely
Interfere                                                            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                                                              Completely
Interfere                                                            Interferes

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

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

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