Brief Pain Inventory (Short Form)

| Study ID# | Hospital # . Do not write abov | | | | 7) What tre | eatmen | ıts c |
|--|--------------------------------|--------------|-----------|---|------------------------------|-------------------|-------|
| Date: | | | | | | | |
| Time: | | | | | 8) In the p | ast 24 | hou |
| Name: | First | | Mid | Idle Initial | medicat shows h | ions pi | rovi |
| 1) Throughout our lives, (such as minor headac pain other than these | ches, sprains, a | nd toothach | ies). Ha | | 0% 10% No Relief | 20% | 3 |
| 1. ye | es | 2. no | | | 9) Circle th | | |
| 2) On the diagram, shad the area that hurts th | | where you fo | eel pair | ı. Put an X on | A. Gener | | |
| | | کر | 2 | | 0 1 Does not Interfere | 2 | 3 |
| Right | Left | Left ∫ \ | 1 | Right | B. Mood | i | |
| | | | T Kee | | 0 1 Does not Interfere | 2 | 3 |
| \ \ (| | \- | \\ \-\ | | C. Walki | ing Abi | lity |
| | | Ş | | | 0 1 Does not Interfere | 2 | 3 |
| 3) Please rate your pain your pain at its WORS | | | r that b | est describes | D. Norm and h | nal wor nousew | |
| 0 1 2 3 No Pain | 4 5 | 6 7 | 8 | 9 10 Pain as bad as you can imagine | 0 1 Does not Interfere | 2 | 3 |
| 4) Please rate your pain your pain at its LEAS | | | r that b | est describes | E. Relat | ion wit | h o |
| 0 1 2 3 No | 4 5 | 6 7 | 8 | 9 10 Pain as bad as | 0 1 Does not Interfere | 2 | 3 |
| Pain 5) Please rate your pain | hy circling the | one numbe | r that h | you can imagine | F. Sleep | ı | |
| your pain on the AVE | | one numbe | i tildt t | rest describes | 0 1 | 2 | 3 |
| 0 1 2 3 No | 4 5 | 6 7 | 8 | 9 10 Pain as bad as | Does not Interfere | | |
| Pain 6) Please rate your pain | hy circling the | one numbe | rthat t | you can imagine | G. Enjoy | /ment o | of li |
| 6) Please rate your pain pain you have RIGHT | | one numbe | ı ıııdl l | en now much | 0 1 Does not Interfere | 2 | 3 |
| 0 1 2 3 No Pain | 4 5 | 6 7 | 8 | 9 10 Pain as bad as | Convright @ 199 | 1 Charles | S (1) |

or medications are you receiving for your pain?

ırs, how much **RELIEF** have pain treatments or ided? Please circle the one percentage that most relief you have received.

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% 100% |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|----------|
| No | | | | | | | | | Complete |
| Relief | | | | | | | | | Relief |

mber that describes how, during the past 24 hours. FERED with your:

| 0 1 Does not Interfere | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Completely interferes |
|------------------------------|----------|--------|---|---|---|---|---|----------------------------------|
| В. М | ood | | | | | | | |
| 0 1 Does not Interfere | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Completely interferes |
| C. W | alking A | bility | | | | | | |
| 0 1 Does not Interfere | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Completely interferes |

ncludes both work outside the home

4

5

7

9

10

interferes

| Does not Interfere | | | | | | | | Completely interferes |
|------------------------------|----------|---------|--------|---|---|---|---|----------------------------------|
| E. Rela | tion wit | h other | people | е | | | | |
| 0 1 Does not Interfere | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Completely interferes |
| F. Slee | р | | | | | | | |
| 0 1 Does not Interfere | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Completely interferes |
| G. Enjo | yment (| of life | | | | | | |
| 0 1 Does not | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 Completely |

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