

Brief Pain Inventory

Name: _____ Date: _____ dd / mm / yyyy

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 marking the box beside the number that best describes your pain at its worst in the last 24 hours

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 No Pain 1 2 3 4 5 6 7 8 9 10 Pain As Bad As You Can Imagine

Please rate your pain by marking the box beside the number that best describes your pain at its least in the last 24 hours

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 No Pain 1 2 3 4 5 6 7 8 9 10 Pain As Bad As You Can Imagine

Please rate your pain by marking the box beside the number that best describes your pain on the average

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 No Pain 1 2 3 4 5 6 7 8 9 10 Pain As Bad As You Can Imagine

Please rate your pain by marking the box beside the number that tells how much pain you have right now

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 No Pain 1 2 3 4 5 6 7 8 9 10 Pain As Bad As You Can Imagine

What treatments or medications are you receiving for your pain?

In the last 24 hours, how much relief have pain treatments or medications provided? Please mark the box below the percentage that most shows how much relief you have received

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

Mark the box beside the number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 Does Not Interfere 1 2 3 4 5 6 7 8 9 10 Completely Interferes

B. Mood

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 Does Not Interfere 1 2 3 4 5 6 7 8 9 10 Completely Interferes

C. Walking ability

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 Does Not Interfere 1 2 3 4 5 6 7 8 9 10 Completely Interferes

D. Normal Work (includes both work outside the home and housework)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 Does Not Interfere 1 2 3 4 5 6 7 8 9 10 Completely Interferes

E. Relations with other people

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 Does Not Interfere 1 2 3 4 5 6 7 8 9 10 Completely Interferes

F. Sleep

☐

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Completely Interferes

G. Enjoyment of life

☐

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Completely Interferes