Brief Pain Inventory

Date: _____

Name: _____

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

2.   Please rate your pain by circling the one number that best describes your pain at its worst in the last week.

 0   1   2   3   4   5   6   7   8   9   10
No pain   Pain as bad as you can imagine

3.   Please rate your pain by circling the one number that best describes your pain at its least in the last week.

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 on average.

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 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

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

_____

_____

7. In the last week, how much relief have pain treatments or medications provided? Please circle the one percentage that best shows how much relief you have received.

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

No relief   Complete relief

8. Circle the one number that describes how, during the past week, 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

   c. Walking ability

       0   1   2   3   4   5   6   7   8   9   10

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

       0   1   2   3   4   5   6   7   8   9   10

   e. Relations with other people

       0   1   2   3   4   5   6   7   8   9   10

   f. Sleep

       0   1   2   3   4   5   6   7   8   9   10

   g. Enjoyment of life

       0   1   2   3   4   5   6   7   8   9   10

Does not interfere   *Completely interferes*

Brief Pain Inventory Scoring Instructions

1. Pain Severity Score
This is calculated by adding the scores for questions 2, 3, 4 and 5 and then dividing by 4. This gives a severity score out of 10.

2. Pain Interference Score
This is calculated by adding the scores for questions 8a, b, c, d, e, f and g and then dividing by 7. This gives an interference score out of 10.