

Chronic Pain Management

BRIEF PAIN INVENTORY

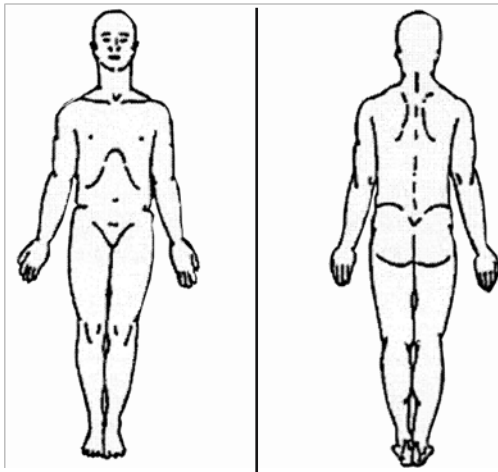
Date ____ / ____ / ____ MR# _____

Name: _____
 Last First M. I.

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 everyday 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 week.

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

4: 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 Worst pain you can imagine

5: 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 Worst pain 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 Worst pain you can imagine

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

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

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

9: 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
 Does not interfere Completely Interferes

C. Walking ability

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

E. Relations with other people

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

F. Sleep

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

G. Enjoyment of life

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