Date BRIEF PAIN INVENTORY

NEW PATIENT

Please circle your response or ask for help if you are having problems.

1	Please rate yethe past week		y circling	the one r	number ti	hat best o	describes	your pai	n at its W	ORST i	n
	0 NO PAIN	1	2	3	4	5	6 PA	7 IN AS BAD	8 AS YOU (9 CAN IMAG	10
2	Please rate yethe past week		y circling	the one	number t	hat best o		your pai			
	0 NO PAIN	1	2	3	4	5	6 PA	IN AS BAD	8 AS YOU (9 CAN IMAG	10
3	Please rate y	our pain b	y circling	the one	number t	hat best	describes	your pai	n on the	AVERAG	ЭE
	NO PAIN	1	2	3	4	5	6 PA	7 IIN AS BAI	8 DAS YOU	9 CAN IMAG	10 SINE
4	Please rate y	our pain b	y circling	the one	number t	hat tells l		n pain yo	u have R		
	NO PAIN	1	2	3	4	5	6 P/	AIN AS BAI	8 DAS YOU	9 CAN IMAC	10 SINE
5	Circle the one your:	e number t	that desc	ribes hov	w during 1	the past v	week, PA	IN HAS I	NTERFE	RED wit	.th
	A. General a 0 DOES NOT INT	1	2	3	4	5	6	7 COM	8 MPLETELY	9 INTERFE	10 RES
	B. Mood 0 DOES NOT INT	1 ERFERE	2	3	4	5	6	7	8 WPLETELY	9 INTERFE	10 RES
	C. Walking 0 DOES NOT INT	1	2	3	4	5	6	7	8 MPLETELY	9 INTERFE	10
	D. Normal work (includes work both outside the home and housework										
	0 DOES NOT INT	1	2	3	4	5	6	7	8 MPLETELY	9 INTERFE	10 Eres
	E. Relations	ships with		-		_	•	-	0	9	10
	DOES NOT INT	ERFERE	2	3	4	5	6	7 co	8 MPLETELY		
	F. Sleep 0	1	2	3	4	5	6	7	8 MPLETELY	9 / INTERF	10
	G. Enjoyment of life										
	O DOES NOT INT	1	2	3	4	5	6	7	8 MPLETEL	9 Y INTERF	10 ERES

BRIEF PAIN INVENTORY

Please circle your response or ask for help if you are having problems.

1	How much RELIEF have pain treatments or medications FROM THIS CLINIC provided? Please circle the one percentage that shows how much.										
	100% COMPLETE RE	90% ELIEF	80%	70%	60%	50%	40%	30%	20%	10% NO RELI	0% EF
2	Please rate the past week		n by circl	ing the o	ne numb	er that be	est descr	ibes you	r pain at i	ts WORS	T in
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
3	Please rate the past week		by circl	ing the o	ne numb	er that be	est descri	ibes youi	r pain at i	ts LEAST	in
	0 NO PAIN	1 militiza	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
4	Please rate	your pair	by circl	ing the o	ne numb	er that be	est descri	ibes youi	r pain on	the AVER	RAGE
	0 NO PAIN	1	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
5	Please rate	your pair	by circl	ing the o	ne numb	er that te	ells how m	nuch pair	n you hav	e RIGHT	NOW
	0 NO PAIN	1 AAR 00	2	3	4	5	6	7 PAIN AS	8 BAD AS Y	9 OU CAN IN	10 IAGINE
6	Circle the on your:	e numbe	er that de	escribes	how duri	ng the pa	ast week,	PAIN HA	AS INTER	RFERED	with
	A. General a	activity	_	_				_		_	
	DOES NOT INT	1 TERFERE	2	3	4	5	6	7	8 COMPLET	9 ELY INTER	10 FERES
	B. Mood										
	DOES NOT INT	1 FREERE	2	3	4	5	6	7	COMPLET	9 ELY INTER	10
	C. Walking								COM CET	CET INTER	LINEO
	0 DOES NOT INT	1	2	3	4	5	6	7	8 COMPLET	9 ELY INTER	10 FERES
	D. Normal work (includes work both outside the home and housework										
	DOES NOT INT	1 TERFERE	2	3	4	5	6	7	8 COMPLET	9 ELY INTER	10 FERES
	E. Relations		ith othe	r people			100				
	0 DOES NOT INT	1	2	3	4	5	6	7	8 COMPLET	9 ELY INTER	10 FERES
	F. Sleep	4	2	2	4	E	6	7	0	0	10
	DOES NOT INT	1 TERFERE	2	3	4	5	6	7	8 COMPLET	9 ELY INTER	10 FERES
	G. Enjoyme	ent of life		0	4	c	0	7	0	0	40
	DOES NOT INT	I	2	3	4	5	6	7	COMPLET	9	10