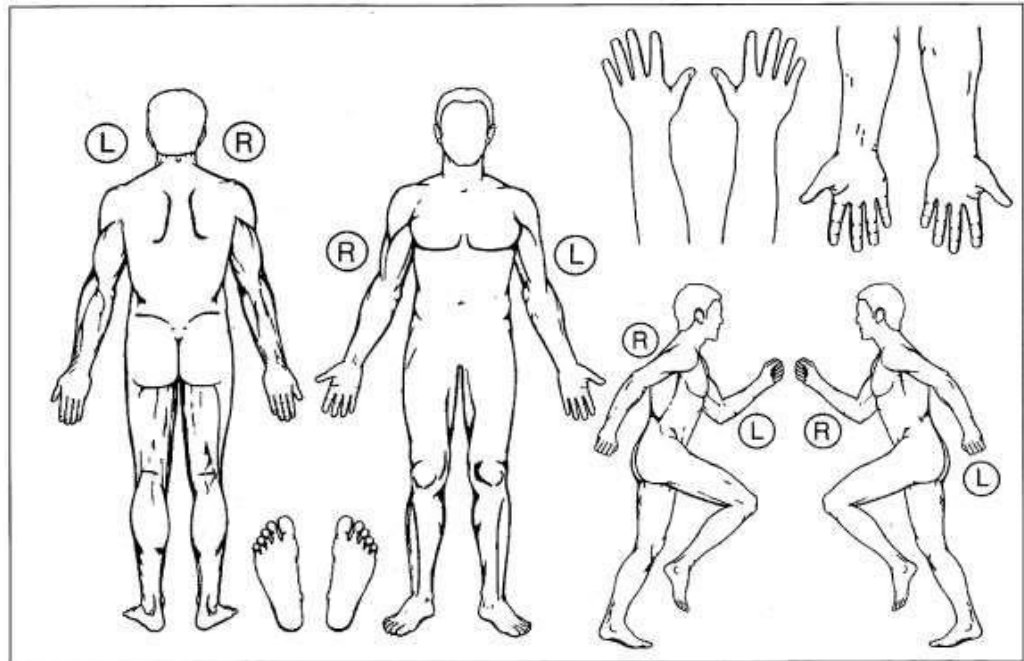


Brief Pain Inventory

Date: _____ Time: _____

Patient name: _____

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? ____ Yes ____ No
2. On the diagram below, shade in the areas where you feel pain. Put an "X" on the areas where it hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain you can imagine
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4. Please rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain you can imagine
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5. Please rate your pain by circling the one number that best describes your pain on the AVERAGE.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain you can imagine
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6. Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain you can imagine
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7. What treatments or medications are you currently receiving for your pain:

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that shows most how much RELIEF you have received.

No relief	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Complete relief
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9. Circle the one number that describes how, during the past 24 hours, your pain level has interfered with your:
General Self-Care Activities (e.g., dressing, bathing, etc.):

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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Mood:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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Walking Ability:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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Normal work (includes both work outside the home and housework):

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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Relations with other people:

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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Sleep:

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

Enjoyment of life

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