

Name

Date

NEW PATIENT

BRIEF PAIN INVENTORY

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

1 Please rate your pain by circling the one number that best describes your pain at its **WORST** in the past week

0	1	2	3	4	5	6	7	8	9	10
NO PAIN						PAIN AS BAD AS YOU CAN IMAGINE				

2 Please rate your pain by circling the one number that best describes your pain at its **LEAST** in the past 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 on the **AVERAGE**

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 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				

5 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 work both outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
DOES NOT INTERFERE						COMPLETELY INTERFERES				

E. Relationships 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				

Name

Date

FOLLOW UP

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%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
COMPLETE RELIEF									NO RELIEF	

2 Please rate your pain by circling the one number that best describes your pain at its WORST in the past 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 past 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 the 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 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 work both outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
DOES NOT INTERFERE						COMPLETELY INTERFERES				

E. Relationships 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				