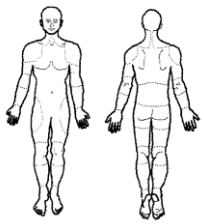
Brief Pain Inventory

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains and toothaches). Have you had any pain other than these everyday kinds of pain today?

   ☐ Yes ☐ No

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



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

   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 24 hours.

   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 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 best describes your pain right now.

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

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

   _____
   _____
   _____

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

   % 10 20 30 40 50 60 70 80 90 100
   no relief — complete relief

7. Circle the one number that describes how, during the past 24 hours, 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 working outside the home & 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

   h) Ability to concentrate

   0 1 2 3 4 5 6 7 8 9 10
   Does not Interfere — completely interferes

   i) Appetite

   0 1 2 3 4 5 6 7 8 9 10
   Does not Interfere — completely interferes

Addressograph