FOR TRAINING USE ONLY

DO NOT WRITE ABOVE THIS LINE												
Brief Pain Inventory (Short Form)												
Date		/_	_							Time:		
Nan	ne:	Last					First		Mid	dlle Initial		
1.										(such as minor		
	day kinds				acnes).	паче	you na	iu pairi	otner tr	nan these every-		
		1.	Yes					2.	No			
2.	On the dia hurts the r		shade	in the a	reas w	here y	ou feel	pain. F	Put an)	K on the area that		
	nares the r	noot.		($\overline{}$			`				
				Right			Len \$	Right				
				11.			()	()				
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							()					
					3		ý.	d de				
3.					ng the o	one nu	mber th	at bes	t descri	bes your pain at its		
	worst in t	he last 2 2	24 hou 3	irs. 4	5	6	7	8	9	10		
	No Pain	2	3	7	3	O	,	O	3	Pain as bad as you can imagine		
4.		e your r	oain by	/ circlin	g the o	ne <u>nui</u> i	mber th	at best	descrit	pes your pain at its		
	least in the	e last 24	4 hours	S.								
	0 1 No	2	3	4	5	6	7	8	9	10 Pain as bad as		
	Pain									you can imagine		
5.	Please rat		pain by	/ circlin	g the o	ne nun	nber tha	at best	describ	es your pain on		
	0 1	2	3	4	5	6	7	8	9	10		
	No Pain									Pain as bad as you can imagine		
6.	Please rat		oain by	circlin	g the o	ne nun	nber th	at tells	how mu	uch pain you have		
	0 1	2	3	4	5	6	7	8	9	10		
	No Pain									Pain as bad as you can imagine		
										,		

- 7. What treatments or medications are you 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 most shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% No Complete Relief Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. Ger	neral Ad	ctivity							
0 1 Does not	2	3	4	5	6	7	8	9	10 Completely
Interfere									Interferes
B. Mod	od								
0 1	2	3	4	5	6	7	8	9	10
Does not Interfere									Completely Interferes
C. Wa	lking Ab	oility							
0 1	2	3	4	5	6	7	8	9	10
Does not									Completely
Interfere		ula /iuaa		-4					Interferes
									nousework)
0 1	2	3	4	5	6	7	8	9	10 Completely
graph .								Interferes	
E. Rela	ations v	vith oth	er peo	ple					
0 1	2	3	4	5	6	7	8	9	10
Does not Interfere									Completely Interferes
F. Slee	ер								
0 1	2	3	4	5	6	7	8	9	10
Does not Interfere									Completely Interferes
G. Enj	oyment	of life							
0 1	2	3	4	5	6	7	8	9	10
Does not Interfere									Completely Interferes

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