

Figure 3-3: Brief Pain Inventory (continued)

Brief Pain Inventory continued

12 Please rate your pain by circling the one number that best describes your pain at its worst in the last week.

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

13 Please rate your pain by circling the one number that best describes your pain at its least in the last week.

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

14 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

15 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

16 What kinds of things make your pain feel better (for example, head, medicine, rest)?

17 What kinds of things make your pain worse (for example, walking, standing, lifting)?

18 What treatments or medications are you receiving for your pain?

19 In the last week, 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 Relief Complete Relief

20 If you take pain medication, how many hours does it take before the pain returns?

- 1. Pain medication doesn't help at all
- 2. One hour
- 3. Two hours
- 4. Three hours
- 5. Four hours
- 6. Five to twelve hours
- 7. More than twelve hours
- 8. I do not take pain help at all

21 Circle the appropriate answer for each item. I believe my pain is due to:

- Yes No 1. The effects of treatment (for example, medication, surgery, radiation, prosthetic device).
- Yes No 2. My primary disease (meaning the disease currently being treated and evaluated).
- Yes No 3. A medical condition unrelated to primary disease (for example, arthritis).

Figure 3-3: Brief Pain Inventory (continued)

Brief Pain Inventory continued

22 For each of the following words, check Yes or No if that adjective applies to your pain.

- | | | | | | | | | |
|-----------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Aching | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tender | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Numb | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Throbbing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Miserable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shooting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exhausting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unbearable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stabbing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tiring | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Gnawing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Penetrating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Sharp | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nagging | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

23 Circle the one number that describes how, during the past week, pain has interfered with you:

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 work outside the home and 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