Figure 3-3: Brief Pain Inventory

Brief Pain Inventory

Date: _____

Name: _____
LAST FIRST MIDDLE INITIAL

Phone: (_____) _____ Sex: ❑ Female ❑ Male

Date of Birth: _____

1 Marital Status (at present)

1. ❑ Single
2. ❑ Married
3. ❑ Widowed
4. ❑ Separated/Divorced

2 Education (Circle only the highest grade or degree completed)

Grade 0 1 2 3 4 5 6 7 8 9
10 11 12 13 14 16 M.A./M.S.
Professional degree (please specify) _____

3 Current occupation: _____
(specify titles; if you are not working, tell us your previous occupation)

4 Spouse's Occupation: _____

5 Which of the following best describes your current job status?

❑ 1. Employed outside the home, full-time
❑ 2. Employed outside the home, part-time
❑ 3. Homemaker
❑ 4. Retired
❑ 5. Unemployed
❑ 6. Other

6 How long has it been since you first learned your diagnosis? _____ months

7 Have you ever had pain due to your present disease?

1. ❑ Yes 2. ❑ No 3. ❑ Uncertain

8 When you first received your diagnosis, was pain one of your symptoms?

1. ❑ Yes 2. ❑ No 3. ❑ Uncertain

9 Have you had surgery in the past month? 1. ❑ Yes 2. ❑ No

10 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 during the last week? 1. ❑ Yes 2. ❑ No

If you answered YES to the last question, please go on to question 11 and finish this questionnaire. If NO, you are finished with the questionnaire. Thank you.

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

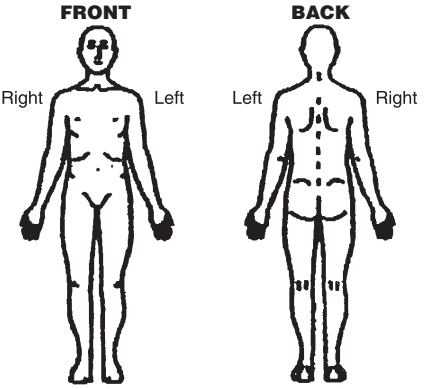

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Figure 3-3: Brief Pain Inventory (continued)

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 treament (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).

Continue on next page.

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	❑ Yes	❑ No	Tender	❑ Yes	❑ No	Numb	❑ Yes	❑ No
Throbbing	❑ Yes	❑ No	Burning	❑ Yes	❑ No	Miserable	❑ Yes	❑ No
Shooting	❑ Yes	❑ No	Exhausting	❑ Yes	❑ No	Unbearable	❑ Yes	❑ No
Stabbing	❑ Yes	❑ No	Tiring	❑ Yes	❑ No			
Gnawing	❑ Yes	❑ No	Penetrating	❑ Yes	❑ No			
Sharp	❑ Yes	❑ No	Nagging	❑ Yes	❑ No			

23 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 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