

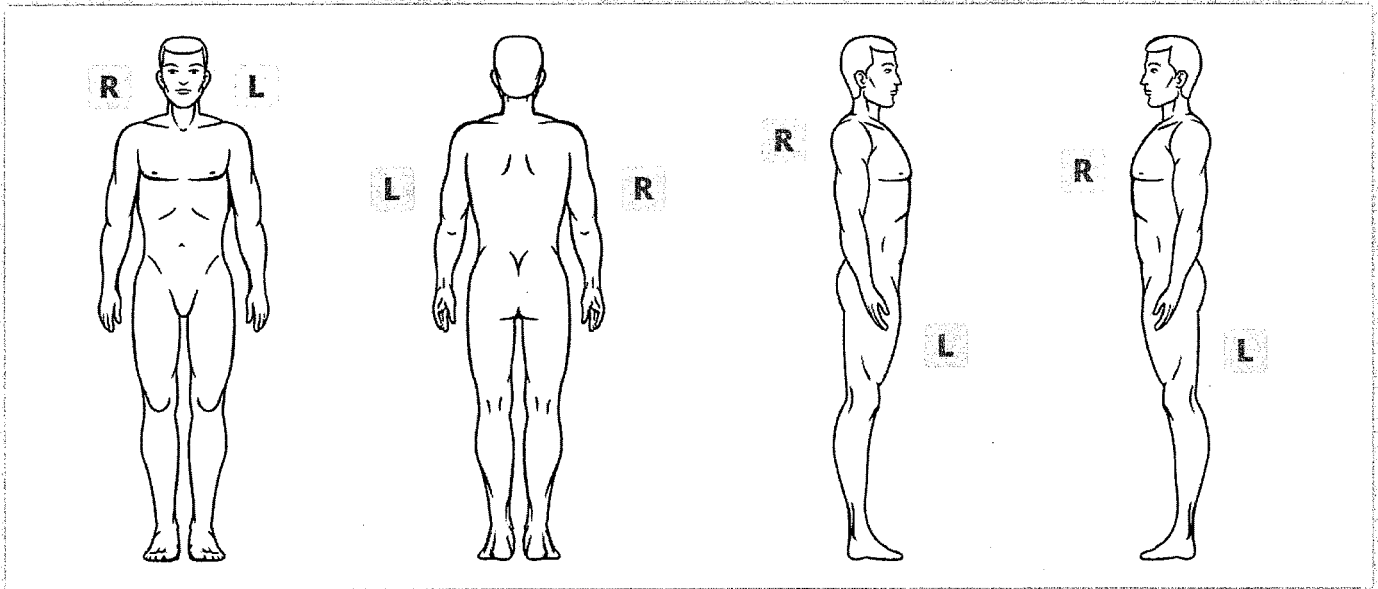
BRIEF PAIN INVENTORY QUESTIONNAIRE

Name Email

Date Date of Birth

Completion of this questionnaire will help your physician with today's visit.

1 If you have pain, indicate areas of your body where the pain is located.



2 Pain intensity- if you have multiple areas of pain – which area gives you the most pain or discomfort?

A For this area of pain – please circle the one number that best describes your pain at its **worst** in the past 24 hours

NO PAIN	0	1	2	3	4	5	6	7	8	9	10	WORST PAIN YOU CAN IMAGINE
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B For this area of pain – please circle the one number that best describes your pain at its **least** in the past 24 hours.

NO PAIN	0	1	2	3	4	5	6	7	8	9	10	WORST PAIN YOU CAN IMAGINE
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C For this area of pain – please circle the one number that best describes your pain on the **average**.

NO PAIN	0	1	2	3	4	5	6	7	8	9	10	WORST PAIN YOU CAN IMAGINE
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D For this area of pain – please circle the one number that tells how much pain you have **right now**.

NO PAIN	0	1	2	3	4	5	6	7	8	9	10	WORST PAIN YOU CAN IMAGINE
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BRIEF PAIN INVENTORY QUESTIONNAIRE

3 What makes your pain feel better ?

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4 What makes your pain feel worse?

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

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NO RELIEF	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	COMPLETE RELIEF
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6 Circle the one number that describes how, during the past 24 hours, your pain level has interfered with you:

A General Self Care Activities (e.g., dressing, showering, etc.)

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

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

DOES NOT INTERFERE	0	1	2	3	4	5	6	7	8	9	10	COMPLETELY INTERFERES
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D Normal work (include both work outside the home and housework)

DOES NOT INTERFERE	0	1	2	3	4	5	6	7	8	9	10	COMPLETELY INTERFERES
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E Relations with other people

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

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

DOES NOT INTERFERE	0	1	2	3	4	5	6	7	8	9	10	COMPLETELY INTERFERES
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Thank you for completing this questionnaire