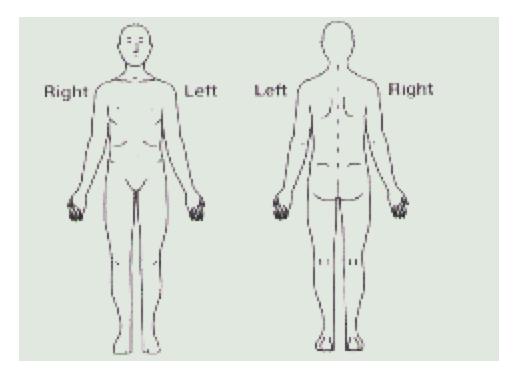
Brief Pain Inventory (Short Form)[©]

Study	ID# Do not	Hospi write above this	tal# line
Date:_ Time:_ Name:	//		
-	Last	First	Middle Initial

- 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 today?
 1. yes
 2. no
- 2) On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) 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										bad as imagine

	aco	CTTDC		· pain	at its	LEAS		ne past			-
			5 your	parm	40 100			ie pape			
o ai		1	2	3	4	5	6	7			10 bad as imagin
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lo ai		1	2	3	4	5	6	7			10 bad as imagin
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10 cel)))	ief Cir hou A.	cle t rs, P Gene	he one AIN HZ	e numbe AS INTE	er that	desci	ribes 1			the 9 Comp	Complet relie
))))))	ief Cir hou A.	cle t rs, P Gene 1 ot	he one AIN HA ral Ac	e numbe AS INTE	er that ERFERED 7:	desc with	ribes 1 your:	how, du	ring	the 9 Comp	past 2

C. Walking ability

0	1	2	3	4	5	6	7	8	9	10
Does inte	not rfere								Compl inter	-

D. Normal work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does	s not								Compl	etely
inte	erfere								inter	feres

E. Relations with other people

0 1 Does no interfe	ot –	3	4	5	б	7	8		10 etely feres
F.	Sleep								
0 1 Does no interfe	ot –	3	4	5	б	7	8	-	10 etely feres
G.	Enjoyme	ent of l	ife						
0 1 Does no interfe	ot –	3	4	5	6	7	8	-	10 etely feres

Used with permission. May be duplicated and used in clinical practice. Source: Dr. Charles Cleeland, Anderson Cancer Center, Pain Research Group, 1100 Holcombe, Houston, TX 77030.