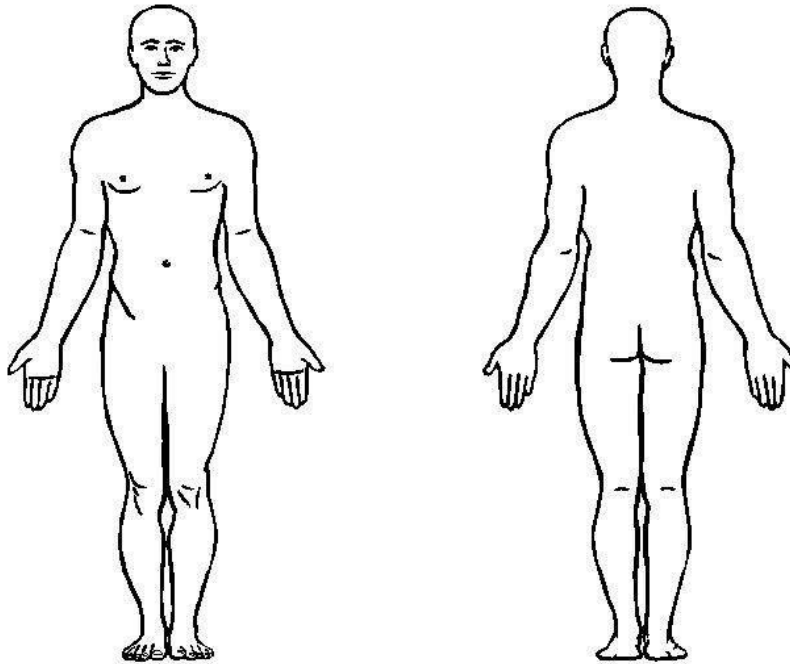


BRIEF PAIN INVENTORY

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



Current Level of Pain 1 – 10 (*10 is worst*): _____

Describe the frequency of your pain:

- Improved Worse No Change Resolved

Describe the frequency of your pain:

- Intermittent Constant Occasional Rare

Select the words that describe your pain:

- Ache Burning Dull Numb Sharp
 Shooting Stabbing Throbbing

What makes your pain worse?

- Lying Down Movement Sitting Standing
 Stress Walking Weather Other: _____

What relieves your pain?

- Exercise Heat Ice Injections Medication Physical Therapy Rest Sitting

Other methods you use to relieve your pain?

- Warm Compress Cold Compress Relaxation/Distracton Techniques Biofeedback
 Hypnosis Other: _____

BRIEF PAIN INVENTORY, continued

Rate your pain by choosing the ONE number that best describes your pain at its worst last week.

0 1 2 3 4 5 6 7 8 9 10
No Pain *Worst Pain Imaginable*

Rate your pain by choosing the ONE number that best describes your pain at its least last week.

0 1 2 3 4 5 6 7 8 9 10
No Pain *Worst Pain Imaginable*

Rate your pain by choosing the ONE number that best describes your pain on average.

0 1 2 3 4 5 6 7 8 9 10
No Pain *Worst Pain Imaginable*

Considering your pain over the past week, choose the number that best describes how it has interfered with your-

General Activity:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*

Mood:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*

Walking Ability:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*

Normal Work:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*

Relations with Other People:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*

Sleep:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*

Enjoyment of Life:

0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere *Completely Interferes*