Patient Brief Pain Inventory
(Please Use **BLACK** or **BLUE** Ink Only)

IDENTIFICATION DATA

Name: _____   Date of Birth: _____

Referred by: _____   Today's Date: _____

What is your main focus today?

☐ Medication Refill   ☐ Discuss Injections   ☐ New Pain   ☐ Other: _____

SINCE LAST VISIT

List any changes in medical care *(incl. allergies, new diagnoses, new physician, etc.)*.   ☐ *None*

MEDICATIONS

List any medication changes *(started or stopped)* and the prescribing doctor.   ☐ *None*

Medication	Dose	Daily Frequency	Prescribing MD	Reason

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/Distraction Techniques ☐ Biofeedback
☐ Hypnosis ☐ Other: _____

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*

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*

Wong-Baker FACES® Pain Rating Scale

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst