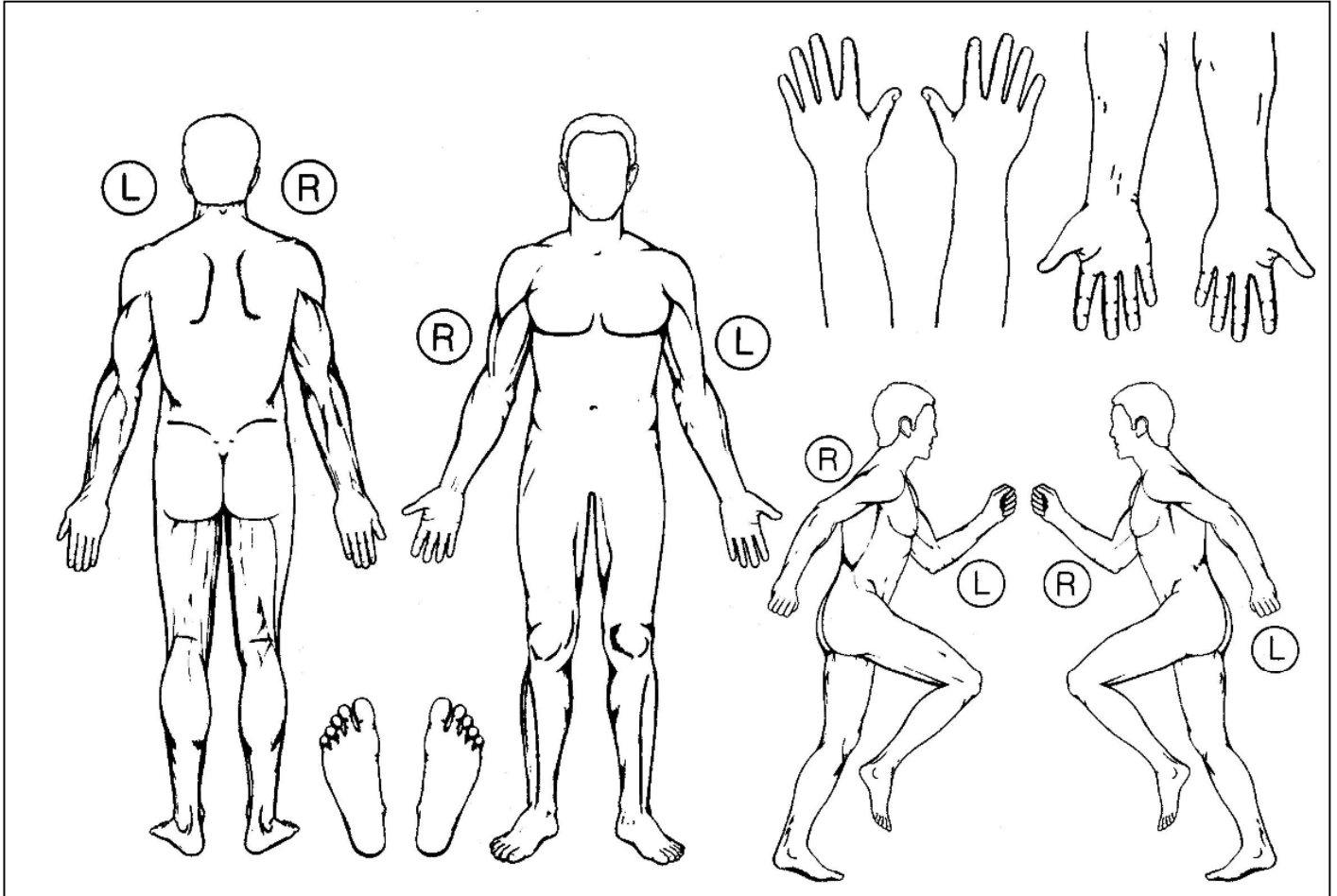


Brief Pain Inventory (Short Form) - Modified

Name _____ Date _____

On the diagram below, shade in the areas where you feel pain. Put an "X" on the areas where it hurts the most.
(S=sharp/stabbing, B=burning, N=numbness, P=pins and needles, A=aching, Arrows = shooting pain.
Use colours if you have more than one type of pain)



What things make your pain feel worse ?

What things make your pain feel better?

What treatments or medications are you currently receiving for your pain:

Please rate your pain by circling 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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Please rate your pain by circling 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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Please rate your pain by circling 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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Please rate your pain by circling 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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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.

No relief	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Complete relief
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Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity:

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 (includes 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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