

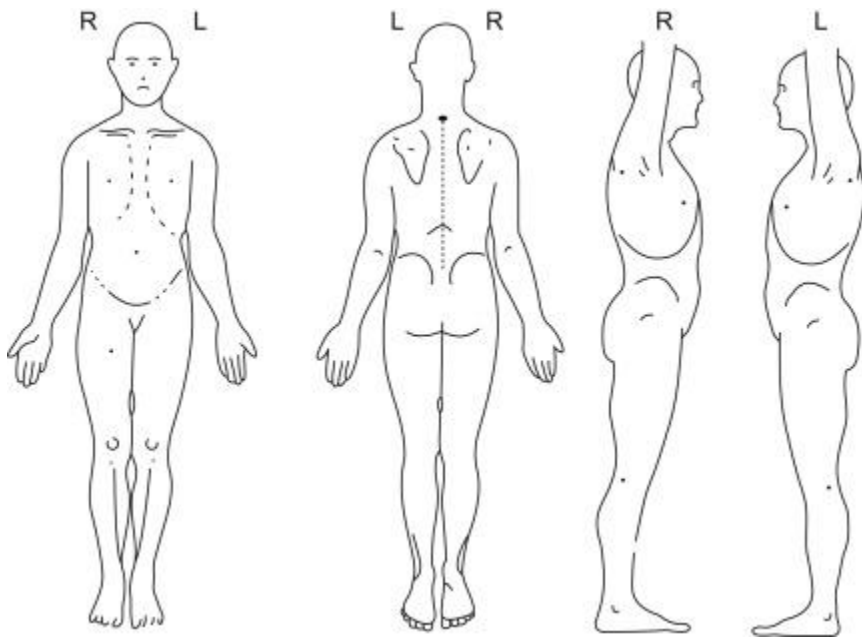


WESTERN NEUROPATHY ASSOCIATION

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BRIEF PAIN INVENTORY (Short Form) Charles S Cleeland, PhD, Pain Research Group, 1991

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



2. Please rate your pain by circling the one number that best describes your pain at its **worst** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10

0 - No Pain

10 - Pain as bad as you can imagine

3. Please rate your pain by circling the one number that best describes your pain at its **least** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10

0 - No Pain

10 - Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain on **average**.

0 1 2 3 4 5 6 7 8 9 10

0 - No Pain

10 - Pain as bad as you can imagine

5. Please rate your pain by circling the one number that tells how much pain you have **right now**.

0 1 2 3 4 5 6 7 8 9 10

0 - No Pain

10 - Pain as bad as you can imagine

6. What treatments or medications are you receiving for your pain?

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

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0% - No relief

100% - Complete relief

8. Circle the one number that describes how, during the **past 24 hours**, pain has interfered with your:

a. General activity

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

b. Mood

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

c. Walking ability

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

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

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

e. Relations with other people

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

f. Sleep

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

g. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

0 – Does not interfere

10 – Completely interferes

Brief Pain Inventory Scoring Instructions

- Pain Severity Score
 - This is calculated by adding the scores for questions 2, 3, 4, and 5 and then dividing by 4.
 - This gives a severity score out of 10.
- Pain Interference Score
 - This is calculated by adding the scores for questions 8a, b, c, d, e, f, and g and then dividing by 7.
 - This gives an interference score out of 10.