HUNTER NEW ENGLAND
NSW HEALTH

Office Use Only	
Date of Analysis:	_____
MRN:	_____
Pain Severity:	_____
Pain Interference:	_____

Hunter Integrated Pain Service
Brief Pain Inventory

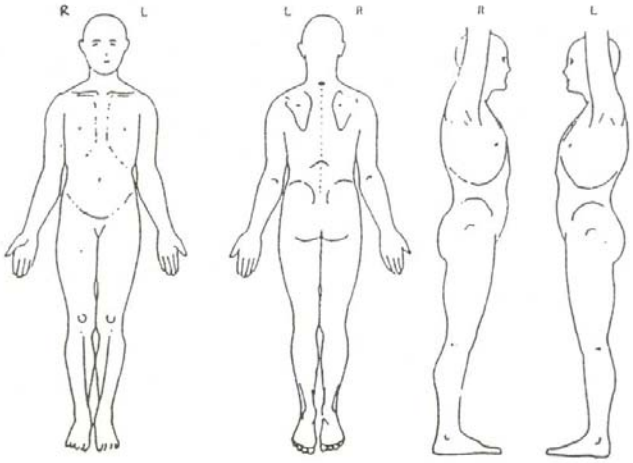
Dec 2006

Reproduced with acknowledgement of the Pain Research Group
The University of Texas MD Anderson Cancer Center, USA

Date: _____

Name: _____

1. 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 week.

0 1 2 3 4 5 6 7 8 9 10
No pain — 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 week.

0 1 2 3 4 5 6 7 8 9 10
No pain — 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
No pain — 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
No pain — Pain as bad as you can imagine

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

_____

_____

7. In the last week, 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%
No relief										Complete relief

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

a. General activity

0	1	2	3	4	5	6	7	8	9	10
Does not interfere									*Completely interferes*	

b. Mood

0	1	2	3	4	5	6	7	8	9	10

c. Walking ability

0	1	2	3	4	5	6	7	8	9	10

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

0	1	2	3	4	5	6	7	8	9	10

e. Relations with other people

0	1	2	3	4	5	6	7	8	9	10

f. Sleep

0	1	2	3	4	5	6	7	8	9	10

g. Enjoyment of life

0	1	2	3	4	5	6	7	8	9	10
Does not interfere									*Completely interferes*	

Brief Pain Inventory Scoring Instructions

1. 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.

2. 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.