

SAMPLE 8 – Brief Pain Inventory (BPI)

The Brief Pain Inventory is available in a short version (acute care/emergency departments) and a long version (persistent or chronic pain). The short form is included here as an example.

The Brief Pain Inventory has been validated in at least 7 different languages by examining the consistency of its two-factor structure (factors: severity of pain and impact of pain).

- Chinese
- Filipino
- French
- German
- Greek
- Hindi
- Italian
- Japanese
- Spanish
- Taiwanese
- Vietnamese

Validation studies are underway for versions translated into other languages. For more information, copies of the Brief Pain Inventory (long and short versions) and references for translated versions of this tool, visit: <http://www.mdanderson.org/departments/PRG/>



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STUDY ID# _____ HOSPITAL # _____

DO NOT WRITE ABOVE THIS LINE

Brief Pain Inventory (Short Form)

Date: ____/____/____ Time: ____

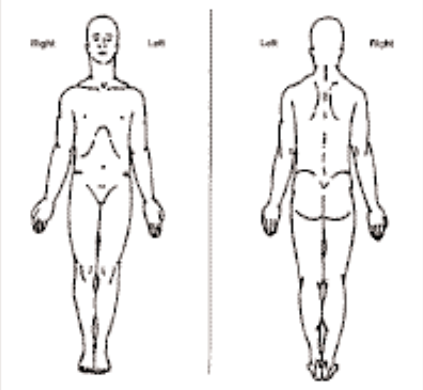
Name: _____

Last First Middle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1. Yes 2. No

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



3. 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
No Pain										Pain as bad as you can imagine

4. 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
No Pain										Pain as bad as you can imagine

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

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

6. 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

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

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

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 No Complete
 Relief Relief

9. 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
 Does not Completely
 Interfere Interferes

B. Mood

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

C. Walking Ability

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

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

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

E. Relations with other people

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

F. Sleep

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

G. Enjoyment of life

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

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