

# Pain Assessment Tool

## Brief Pain Inventory (Short Form) - Modified

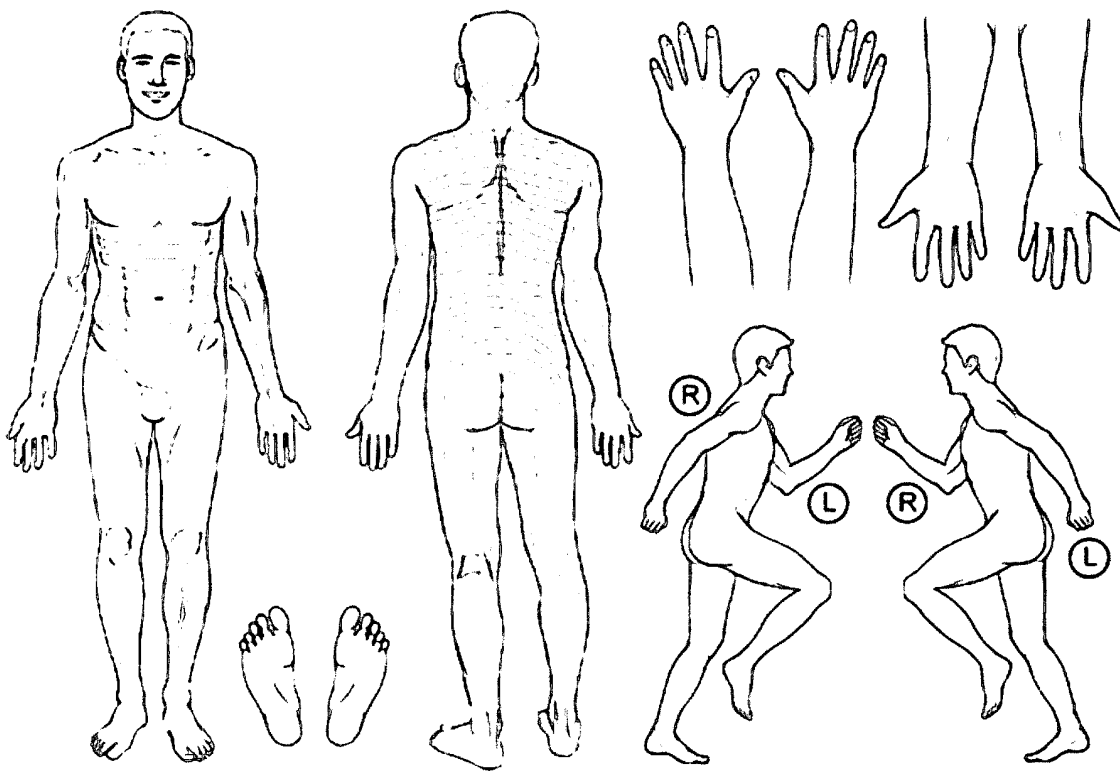
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

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?

Yes  No

On the diagram below, shade in the areas where you feel pain. Put an "X" on the areas where it hurts the most.



What things make your pain feel worse?

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What things make your pain feel better?

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What treatments or medications are you receiving for your pain?

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

**Please rate your pain by circling the one number that best describes your pain at its WORST in the past week.**

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain you can imagine

**Please rate your pain by circling the one number that best describes your pain at its LEAST in the past week.**

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain you can imagine

**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

**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

**In the last week, how much relief have your pain treatments or medications provided?**

**Please circle the one percentage that shows how much RELIEF you have received.**

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

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

**A. General activity**

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

**B. Mood**

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

**C. Walking ability**

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

**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

**E. Relations with other people**

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

**F. Sleep**

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

**G. Enjoyment of life**

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

Interference Scale total score: / 70

Adapted from Cleeland and Ryan.<sup>1</sup>

An assessment tool for pain adds one component to subjective and objective parameters for the evaluation of a patient. Among available assessment tools, preferences vary across clinicians. As such, the Brief Pain Inventory Tool may or may not be better than any other assessment tool.

Reference: 1. Cleeland CS and Ryan KM. Pain Assessment: Global Use of the Brief Pain Inventory. *Ann Acad Med.* 1994;23(2):129-38.