

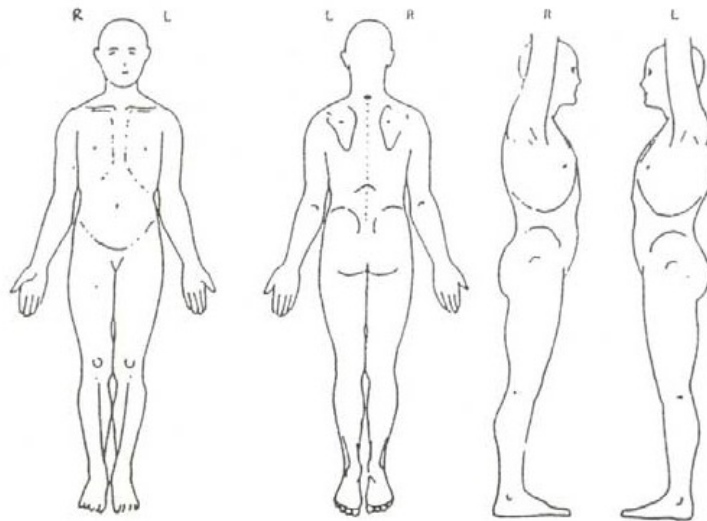
SURNAME		URN	
GIVEN NAME	DOB	SEX	
ADDRESS			
SUBURB	POSTCODE	TELEPHONE	

Brief Pain Inventory

Date: ____ / ____ / ____

Please answer this questionnaire if you have pain and bring the completed questionnaire to your appointment. This questionnaire has been designed to give your treating clinician information as to how your pain has affected your ability to manage in everyday life. Please answer every section as best as you can, even if you are not absolutely certain. For each section, please only mark ONE number which best reflects your response. We realize you may consider that two of the statements in any one section may apply to you, but please only mark the one number which most closely describes your problem. If you need assistance to fill out the questionnaire, you may ask a family member or friend to help, but the answers should be based on how YOU feel.

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 currently receiving for your pain?

Brief Pain Inventory

About You

1. What is your Height (metres) _____ Weight (Kilograms) _____

2. Are you currently working?

- Yes. Full time
 Part time
 I am working with restrictions in place due to this spinal condition

- No Not working but actively seeking employment
 Not working by choice e.g. retired, home parenting, etc
 Due to spinal condition you are being assessed for today
 Due to other illness _____

3. What is the highest level of schooling you completed?

- Primary school
 Secondary school
 Tertiary
 I did not complete school education

4. What is your living arrangement?

- Living with spouse/partner
 Living with family/housemates
 Living alone
 Living in supported accommodation
 Other, please specify: _____

5. Please tick the appropriate box:

- I am a smoker. How many cigarettes a day? _____
 I am an ex-smoker. How many years did you smoke for? _____ When did you stop? _____
 I have never smoked

6. How much alcohol would you consume in a week? _____

7. Please list your current medical problems (such as rheumatoid arthritis, diabetes, cancer, stroke, lung or heart, kidney or liver problems).

8. Please list any medical problems or relevant injuries or surgeries (such as rheumatoid arthritis, diabetes, cancer, HIV, tuberculosis, lung or heart problems or past joint surgeries or fractures).

9. Please list any other medications or supplements you are currently taking for your health.



Brief Pain Inventory Scoring Instructions

SURNAME		URN
GIVEN NAME	DOB	SEX
ADDRESS		
SUBURB	POSTCODE	TELEPHONE

FOR OFFICE USE ONLY

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.

Although validity and reliability testing usual recommends using the 4 single figures for greatest sensitivity to change

Enter scores for the following:

2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

Sum of the above

Divide by 4 = **Pain Severity Score**

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.

Enter scores for the following:

8a	<input type="text"/>
8b	<input type="text"/>
8c	<input type="text"/>
8d	<input type="text"/>
8e	<input type="text"/>
8f	<input type="text"/>
8g	<input type="text"/>

Sum of the above

Divide by 7 = **Pain Interference Score**