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?

________________________________________________________________________________________________________
________________________________________________________________________________________________________

THE ROYAL MELBOURNE HOSPITAL

Brief Pain Inventory

Date: ___ / ___ / ___
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

Does not interfer

Completely interferes

c. Walking ability

 😞 0 1 2 3 4 5 6 7 8 9 10

Does not interference

Completely interferes

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

 😞 0 1 2 3 4 5 6 7 8 9 10

Does not interfer

Completely interferes

e. Relations with other people

 😞 0 1 2 3 4 5 6 7 8 9 10

Does not interfer

Completely interferes

f. Sleep

 😞 0 1 2 3 4 5 6 7 8 9 10

Does not interfer

Completely interferes

g. Enjoyment of life

 😞 0 1 2 3 4 5 6 7 8 9 10

Does not interfer

Completely interferes

9. What treatments or medications have you tried in the past for your pain?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
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.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
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  
3  
4  
5  

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  
8b  
8c  
8d  
8e  
8f  
8g  

Sum of the above

Divide by 7 = Pain Interference Score