

Pain Assessment Tool

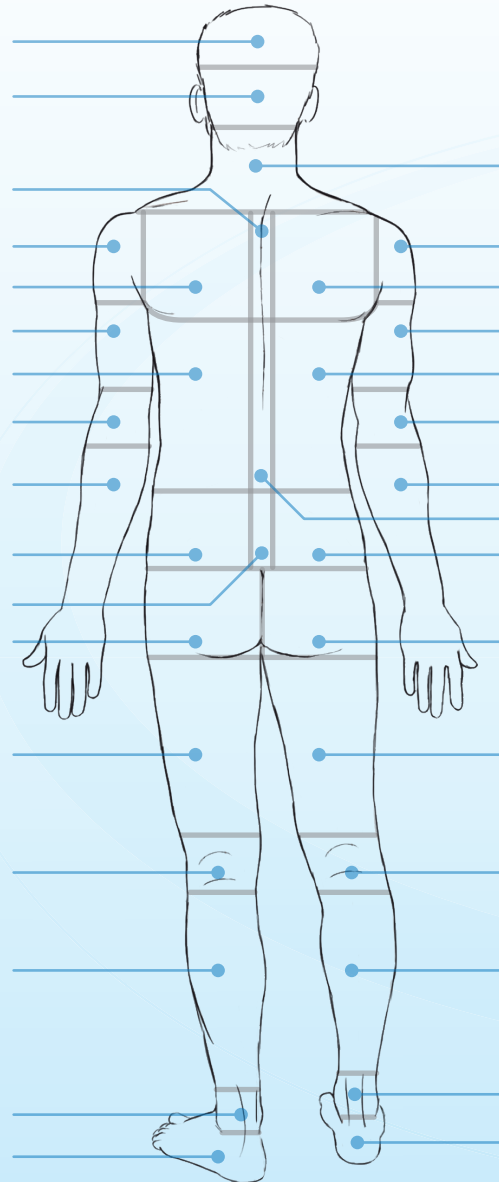
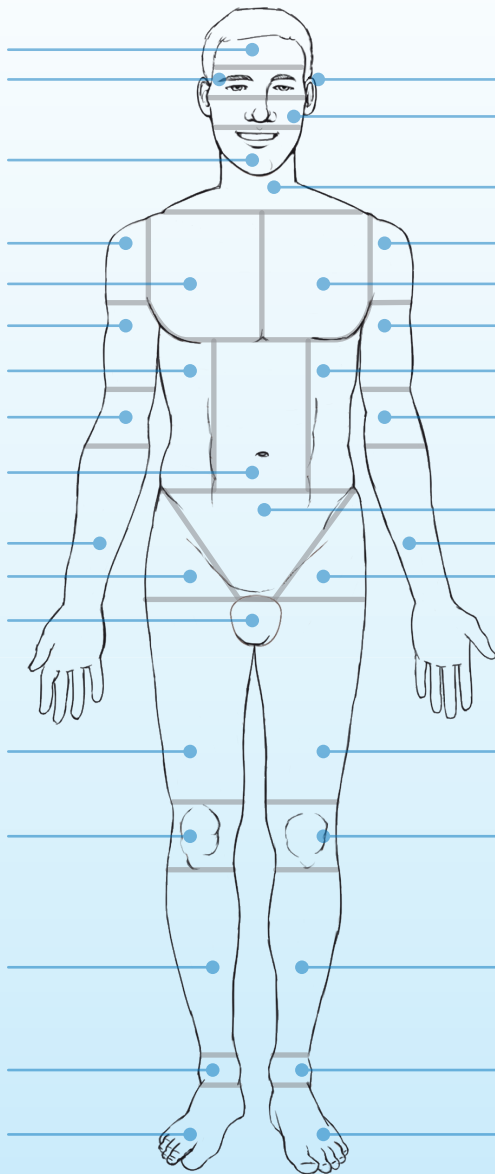
Brief Pain Inventory (Short Form) – Modified.

Visit #

Date:

Patient name:

On the diagram below, click on the box that points to the area where you are experiencing pain. A ✓ will appear in the box and the illustration will change colour, indicating it has been selected.



Pain Assessment Tool

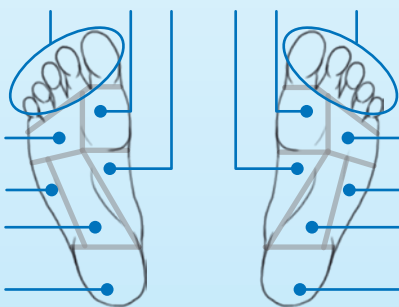
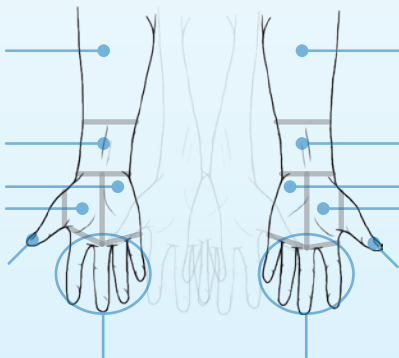
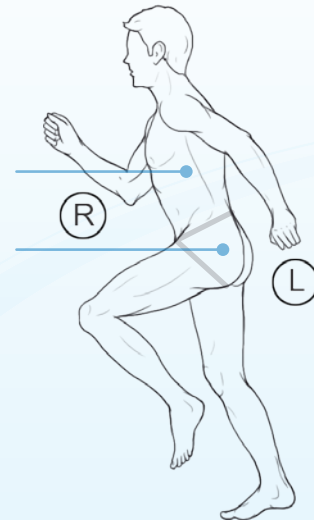
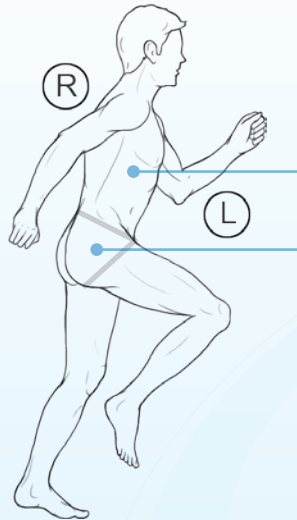
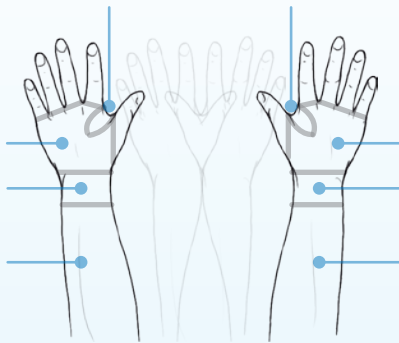
Visit #

Date:

Brief Pain Inventory (Short Form) – Modified.

Patient name:

On the diagram below, click on the box that points to the area where you are experiencing pain. A ✓ will appear in the box and the illustration will change colour, indicating it has been selected.



Pain Assessment Tool

Visit #

Date:

Brief Pain Inventory (Short Form) – Modified.

Patient name:

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?

What things make your pain feel worse?

What things make your pain feel better?

What treatments or medications are you currently receiving for your pain?

Pain Assessment Tool

Visit #

Date:

Brief Pain Inventory (Short Form) – Modified.

Patient name:

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

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

Please rate your pain by selecting the one number that best describes your pain on the AVERAGE.

Please rate your pain by selecting the one number that tells how much pain you have RIGHT NOW.

In the last week, how much relief have your pain treatments or medications provided?
Please select the one percentage that shows most how much RELIEF you have received.

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

A. General activity:

E. Relations with other people:

B. Mood:

F. Sleep:

C. Walking ability:

G. Enjoyment of life:

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

Interference Scale total score: / 70
Adapted from Cleeland and Ryan.¹