The Ottawa Hospital Div GenGén.	L'Hôpital d'Ottawa
 The purpose of	f the que

## BRIEF PAIN INVENTORY SELF REPORT

ne questionnaire is to tell us about the

mpleted by: [ GNATURE	<b>_</b> patien	t 🛄 f	family/ca	are giver   DAT	E							
										r headaches, pain today?		
				) yes			🔲 no					
2 On the o	diagram,	shade	in the a	reas who	ere you fee	l pair	ո. Put an X c	n the a	rea tha	t hurts the most.		
<b>(L)</b>		R)	(F		<b>(L</b> )		ADDITIONA	L TOH	ASSES	SSMENTS		
							Circle the words that best describe your pain.					
17		}	j	(			tingling	cra	mping	exhausting		
M. M		7	M M				shooting	hea	avy	continuous		
1 4(1)/				(人)	11		stabbing	ach	ning	nagging		
14W   1 / W	My	Tul		Just		burning	thr	obbing	excruciating			
	11			H	1		deep	sha	arp	unbearable		
t					1		numb	5	<b>P</b>			
		r pain b	y circlir	ng the on	e number			es you	r pain a	it its WORST in th		
past 24 0 No pain	nours.	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine		
4 Please r last 24 h		pain b	y circlir	ng the on	e number	that b	est describ	es you	pain a	t its <mark>LEAST</mark> in the		
0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine		
										n AVERAGE.		
0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine		
6 Please r	rate you	r pain b	y circlir	ng the on	e number	that t	ells how mu	ch pair	ı you h	ave RIGHT NOW.		
0	1	2	3	4	5	6	7	8	9	10		
No pain										Pain as bad as you can imagine		

n the pas one perce									ns provi	ded? Please c	ircle th
0 % No relief	10 %	20 %	30 %	40 %	50 %	60 %	70 %	80 %	90 %	100 % Complete relief	
Circle the	one nu	ımber th	at best	describe	s how,	during t	he past	24 hour	s, pain h	as interfered v	vith yo
Gener	al activ	rity									
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
3 Mood											
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
Walkir	ng abili	ty									
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
) Norma	al work	(include	es both v	work out	side the	home a	and hou	sework)			
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
Relation	ons wit	h other	people								
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
Sleep											
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
à Enjoyı	nent of	ilife									
0 Does not interfere	1	2	3	4	5	6	7	8	9	10 Completely interferes	
Please cir	cle any	other s	ymptom	s that yo	u may l	nave. A[	DITION	IAL TOH	ASSES	SMENTS.	
nausea indiges		vomitin	ıg	constipa	ation	diar	rhea dness		ary probl		

ORA 43 2-2