

<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="color: red; font-size: 12px;">x Logo</span> </div>	<h1 style="margin: 0;">Brief Pain Inventory</h1>	<p style="font-size: 18px; margin: 0;">{visit.label}</p>
<p>Date of Assessment: <input type="text" value="BPIQ:ASMTDA"/> / <input type="text" value="BPIQ:ASMTMO"/> / <input type="text" value="BPIQ:ASMTYR"/></p> <p style="text-align: center; margin-left: 40px;">Day                      Month                      Year</p>		<p style="font-weight: bold; font-size: 16px; margin: 0;">ID: {ID}</p>

Time of assessment:  :   
 (24-hr clock)    Hr    Min

1. 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?

(BPIQ:Q1) Yes     (BPIQ:Q1) No

2. On the diagram, shade in the areas where you feel pain.

Head/Face	<input type="checkbox"/> (BPIQ:Q2HEADR) <small>Right</small>	<input type="checkbox"/> (BPIQ:Q2HEADC) <small>Center</small>	<input type="checkbox"/> (BPIQ:Q2HEADL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2HEADM) <small>Hurts the most</small>
Neck	<input type="checkbox"/> (BPIQ:Q2NECK)			<input type="checkbox"/> (BPIQ:Q2NECKM) <small>Hurts the most</small>
Shoulder	<input type="checkbox"/> (BPIQ:Q2SHLDR) <small>Right</small>		<input type="checkbox"/> (BPIQ:Q2SHLDL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2SHLDM) <small>Hurts the most</small>
Upper Arm	<input type="checkbox"/> (BPIQ:Q2UARMR) <small>Right</small>		<input type="checkbox"/> (BPIQ:Q2UARML) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2UARMM) <small>Hurts the most</small>
Elbow	<input type="checkbox"/> (BPIQ:Q2ELBR) <small>Right</small>		<input type="checkbox"/> (BPIQ:Q2ELBL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2ELBM) <small>Hurts the most</small>
Lower Arm	<input type="checkbox"/> (BPIQ:Q2LARMR) <small>Right</small>		<input type="checkbox"/> (BPIQ:Q2LARML) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2LARMM) <small>Hurts the most</small>
Hand/Fingers	<input type="checkbox"/> (BPIQ:Q2HANDR) <small>Right</small>		<input type="checkbox"/> (BPIQ:Q2HANDL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2HANDM) <small>Hurts the most</small>
Chest	<input type="checkbox"/> (BPIQ:Q2CHSTR) <small>Right</small>	<input type="checkbox"/> (BPIQ:Q2CHSTC) <small>Center</small>	<input type="checkbox"/> (BPIQ:Q2CHSTL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2CHSTM) <small>Hurts the most</small>
Upper Back	<input type="checkbox"/> (BPIQ:Q2UBCKR) <small>Right</small>	<input type="checkbox"/> (BPIQ:Q2UBCKC) <small>Center</small>	<input type="checkbox"/> (BPIQ:Q2UBCKL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2UBCKM) <small>Hurts the most</small>
Lower Back	<input type="checkbox"/> (BPIQ:Q2LBCKR) <small>Right</small>	<input type="checkbox"/> (BPIQ:Q2LBCKC) <small>Center</small>	<input type="checkbox"/> (BPIQ:Q2LBCKL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2LBCKM) <small>Hurts the most</small>
Abdomen	<input type="checkbox"/> (BPIQ:Q2ABDOR) <small>Right</small>	<input type="checkbox"/> (BPIQ:Q2ABDOC) <small>Center</small>	<input type="checkbox"/> (BPIQ:Q2ABDOL) <small>Left</small>	<input type="checkbox"/> (BPIQ:Q2ABDOM) <small>Hurts the most</small>

Genitals	<input type="checkbox"/> (BPIQ:Q2GEN)		<input type="checkbox"/> (BPIQ:Q2GENM) Hurts the most
Buttocks	<input type="checkbox"/> (BPIQ:Q2BUTTR) Right		<input type="checkbox"/> (BPIQ:Q2BUTTL) Left <input type="checkbox"/> (BPIQ:Q2BUTTM) Hurts the most
Upper Leg	<input type="checkbox"/> (BPIQ:Q2ULEGR) Right		<input type="checkbox"/> (BPIQ:Q2ULEGL) Left <input type="checkbox"/> (BPIQ:Q2ULEGM) Hurts the most
Knee	<input type="checkbox"/> (BPIQ:Q2KNEER) Right		<input type="checkbox"/> (BPIQ:Q2KNEEL) Left <input type="checkbox"/> (BPIQ:Q2KNEEM) Hurts the most
Lower Leg	<input type="checkbox"/> (BPIQ:Q2LLEGR) Right		<input type="checkbox"/> (BPIQ:Q2LLEGL) Left <input type="checkbox"/> (BPIQ:Q2LLEGM) Hurts the most
Foot/Ankle	<input type="checkbox"/> (BPIQ:Q2FOOTR) Right		<input type="checkbox"/> (BPIQ:Q2FOOTL) Left <input type="checkbox"/> (BPIQ:Q2FOOTM) Hurts the most

3. Please rate your pain by marking the box beside the one number that best describes your pain at its **worst** in the last 24 hrs.

 BPIQ:Q3

 (BPIQ:Q3NA) Not answered

0 = No pain  
10 = Pain as bad as you can imagine

Q3-Q6:  
 0; 1; 2; 3; 4; 5; 6; 7; 8; 9; 10;

4. Please rate your pain by marking the box beside the one number that best describes your pain at its **least** in the last 24 hrs.

 BPIQ:Q4

 (BPIQ:Q4NA) Not answered

0 = No pain  
10 = Pain as bad as you can imagine

5. Please rate your pain by marking the box beside the one number that best describes your pain on the **average**.

 BPIQ:Q5

 (BPIQ:Q5NA) Not answered

0 = No pain  
10 = Pain as bad as you can imagine

6. Please rate your pain by marking the box beside the one number that tells how much pain you have **right now**.

 BPIQ:Q6

 (BPIQ:Q6NA) Not answered

0 = No pain  
10 = Pain as bad as you can imagine

7. What

 (BPIQ:Q7NA) Not answered

treatments or medications are you receiving for your pain?

(Study coordinator: ensure that any medications recorded in the subject's Pain Diary are also reflected on the Concomitant Medications form.)

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please mark the box below the one percentage that most shows how much **relief** you have received.
- %  (BPIQ:Q8NA)Not answered 0% = No Relief  
100% =Complete Relief
- Q8:  
0%; 10%; 20%; 30%; 40%; 50%; 60%; 70%; 80%; 90%; 100%;

9. Mark the box beside the one number that describes how, during the past 24 hours, pain has interfered with your:

- (0 = Does not Interfere, 10 = Completely Interferes)
- A. General Activity   (BPIQ:Q9ANA)Not answered Q9A-G:  
0; 1; 2; 3; 4; 5; 6; 7; 8; 9; 10;
- B. Mood   (BPIQ:Q9BNA)Not answered
- C. Walking Ability   (BPIQ:Q9CNA)Not answered
- D. Normal Work (includes both work outside the home and housework)   (BPIQ:Q9DNA)Not answered
- E. Relations with other people   (BPIQ:Q9ENA)Not answered
- F. Sleep   (BPIQ:Q9FNA)Not answered
- G. Enjoyment of life   (BPIQ:Q9GNA)Not answered

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Comments for page:

BPIQ: COMM

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Form Completion Help

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