Brief Pain Inventory (Short Form) Modified

1. Please rate your pain by marking the box beside the number that best describes your pain at its worst in the last 24 hours.

   No Pain

   Pain As Bad As You Can Imagine

   0  1  2  3  4  5  6  7  8  9  10

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

   No Pain

   Pain As Bad As You Can Imagine

   0  1  2  3  4  5  6  7  8  9  10

3. Please rate your pain by marking the box beside the number that best describes how much pain you have right now.

   No Pain

   Pain As Bad As You Can Imagine

   0  1  2  3  4  5  6  7  8  9  10

4. In the last 24 hours, how much relief have pain treatments or medications provided? Please mark the box below the percentage that most shows how much relief you have received?

   No Relief

   Complete Relief

   0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

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

   A. General activity

      Does Not Interfere

      Completely Interferes

      0  1  2  3  4  5  6  7  8  9  10

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

      Does Not Interfere

      Completely Interferes

      0  1  2  3  4  5  6  7  8  9  10

   C. Relations with other people

      Does Not Interfere

      Completely Interferes

      0  1  2  3  4  5  6  7  8  9  10

FOR OFFICE USE ONLY: BPI TOTAL PAIN SCORE (Average #1, 2, 3 X 100)=

BPI TOTAL FUNCTIONAL SCORE (Average 5 A, B, C X 100)=

Patient Pain Management Follow Up Questionnaire

Department of Family Medicine and Community Health

UMass Memorial
**GOAL SETTING PROGRESS**

What goals have you worked on since we last met?

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

How successful have you been?

Goal 1: 1= not at all 2=somewhat 3= achieved

What barriers do you need to work on to reach your goal if you haven't yet?

Goal 2: 1= not at all 2=somewhat 3= achieved

What barriers do you need to work on to reach your goal if you haven't yet?

Goal 3: 1= not at all 2=somewhat 3= achieved

What barriers do you need to work on to reach your goal if you haven't yet?

☐ Have not been able to work on goals so far. What would you like to work on?

Goal #1: ________________________________________________________

Goal #2: ________________________________________________________

What are some steps you can take towards these goals?