



**PHYSIOTHERAPY DEPARTMENT
SOUTH INFIRMARY VICTORIA UNIVERSITY HOSPITAL
OLD BLACKROCK ROAD
CORK**

BRIEF PAIN INVENTORY

Please rate your pain by ticking the one number that best describes your pain at its **WORST** in the last 24 hours: 0 (no pain) up to 10 (pain as bad as you can imagine)

0 1 2 3 4 5 6 7 8 9 10

Please rate your pain by ticking the one number that best describes your pain at its **LEAST** in the last 24 hours. 0 (no pain) up to 10 (pain as bad as you can imagine)

0 1 2 3 4 5 6 7 8 9 10

Please rate your pain by ticking the one number that best describes your pain on **AVERAGE**. 0 (no pain) up to 10 (pain as bad as you can imagine)

0 1 2 3 4 5 6 7 8 9 10

Please rate your pain by ticking the one number that tells how much pain you have **RIGHT NOW**. 0 (no pain) up to 10 (pain as bad as you can imagine)

0 1 2 3 4 5 6 7 8 9 10

In the last 24 hours, how much relief have pain treatments or medications provided? Please tick the one percentage that shows how much **RELIEF** you have received. 0% (no relief) up to 100% (complete relief)

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

Name:

D.O.B.

Date:



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Please tick the one number that describes how, during the past 24 hours, pain has interfered with your

A: General Activity: 0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

B: Mood: 0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

C: Walking Ability: 0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

D: Normal work (includes both work outside the home and housework)
0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

E: Relations with other People: 0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

F: Sleep: 0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

G: Enjoyment of Life

0 (Does not interfere) up to 10 (Completely interferes)

0 1 2 3 4 5 6 7 8 9 10

Name:

D.O.B

Date: