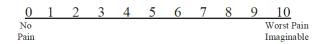
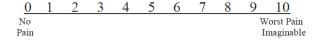
Brief Pain Inventory (Short Form) - Modified

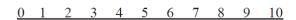
1) Please rate your pain by circling the one number that best describes your pain at its **WORST** in the last 24 hours:



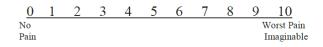
2) Please rate your pain by circling the one number that best describes your pain at its **LEAST** in the last 24 hours:



3) Please rate your pain by circling the one number that best describes your pain on the **AVERAGE**:



4) Please rate your pain by circling the one number that tells how much pain you have **RIGHT NOW**:

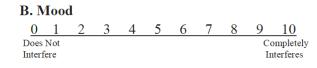


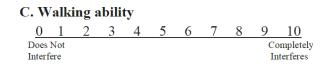
5) In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that shows how much RELIEF you have received

0%	10	20	30	40	50	60	70	80	90	100%
No										Complete
Relief										Relief

Source: Pain Research Group, Department of Neuro-Oncology, The University of Texas MD Anderson Cancer Center. Used with permission. Adapted to single page format. Copyright 1991 Charles S. Cleeland, Ph.D. 6) Circle the one number that describes how during the past 24 hours, pain has interfered with your:

A. General activity 0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interferes

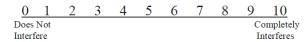




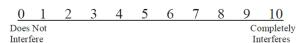
D. Normal work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does N	Vot								C	ompletely
Interfe	re								Τt	nterferes

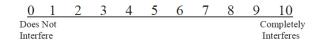
E. Relations with other people



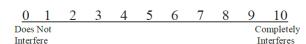
F. Sleep



G. Enjoyment of life



H. Ability to concentrate



I. Appetite

