

Please take a moment to complete this short questionnaire to help us understand how pain affects your health. This information is valuable to us even if pain is not your primary concern you are being seen for. If you are active on KP.org, you will likely receive a message with the same questionnaire attached as a follow up to see if your treatments are being effective. Thank you for your time and please do not hesitate to ask your provider any questions you might have about this process.

### Brief Pain Inventory

1. Pain at its worst in the past week?

0	1	2	3	4	5	6	7	8	9	10
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2. Pain is at its least in the past week?

0	1	2	3	4	5	6	7	8	9	10
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3. Average pain in the last week?

0	1	2	3	4	5	6	7	8	9	10
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4. Pain right now?

0	1	2	3	4	5	6	7	8	9	10
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5. In the last week, how much relief have pain treatment or medications provided?

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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6. Pain interference with general activities in the past week?

0	1	2	3	4	5	6	7	8	9	10
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7. Pain interference with your mood in the past week?

0	1	2	3	4	5	6	7	8	9	10
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8. Pain interference with your walking ability this past week?

0	1	2	3	4	5	6	7	8	9	10
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9. Pain interference with normal work (job or house) in the past week?

0	1	2	3	4	5	6	7	8	9	10
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10. Pain interference with relations with other people?

0	1	2	3	4	5	6	7	8	9	10
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11. Pain interference with sleep in the past week?

0	1	2	3	4	5	6	7	8	9	10
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12. Pain interference with life enjoyment this week?

0	1	2	3	4	5	6	7	8	9	10
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