Patient Name

Provider

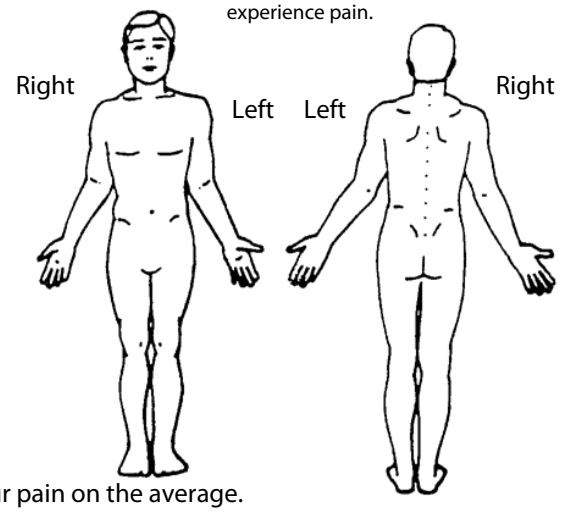
# Upper Valley Neurology Neurosurgery

Date of Birth

Date

## Brief Pain Inventory

Shade in the area where you experience pain.




Are you currently in pain? Yes No

When did your pain begin?

What where you doing when the pain first occurred?

Has the pain improved or is it getting worse?

Using the diagram at right, shade in the areas where you feel pain.

Put an X on the area (in the diagram) that hurts you the most.

Please rate your pain by circling the one number below that best describes your pain on the average.

No Pain — Moderate Pain — Worst Pain

0 1 2 3 4 5 6 7 8 9 10

Please rate your pain by circling the one number below that describes your pain at its worst.

No Pain — Moderate Pain — Worst Pain

0 1 2 3 4 5 6 7 8 9 10

What activities or positions seem to make your pain worse (ex, walking, sitting, standing) ?

What makes your pain better (ex, sitting, walking, lying) ?

What treatments have been tried to improve your pain?

| | |
|---|---|
| Physical therapy | pain meds |
| Chiropractic treatments | muscle relaxants |
| Epidural steroid injections | anti-inflammatory |

Which of the above treatments improved your pain or made it better?

What current medications are you taking for pain?