REGENERATIVE
SPINE & JOINT CENTER

Name _____ **Date** _____

Since my previous visit my primary symptom is: (circle any)
Improving - Worsening - Plateaued - •Constant• or •Intermittent•

•**Which postures make your symptoms better?** (circle)
Sit • Stand • Walk • Lay • Other

•**Which postures make your symptoms worse?** (circle)
Sit • Stand • Walk • Lay • Other

•**Do you have bladder incontinence?** No Yes (NEW or CHRONIC)

•**Do you have bowel incontinence?** No Yes (NEW or CHRONIC)

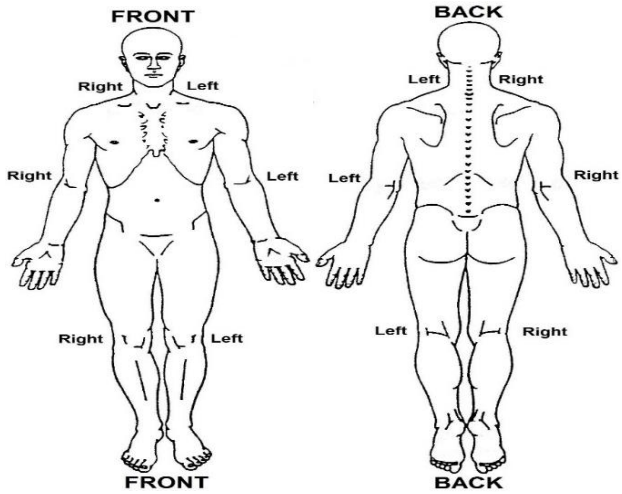
Brief Pain Inventory (short form)

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain during the past week? ◯**Yes** ◯**No**

2) Mark the parts on your body where you feel symptoms. Include all affected areas. Use any of these symbols:

Ache ○ ○ ○ **Burning** > > > **Pins & Needles** • • • •
Numbness + + + **Stabbing** = = =

(Put an **X** on the area that hurts the most)



3) Rate your pain by circling the one number that is your pain at its **HIGEST LEVEL** in the past week.

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄No Pain Pain as bad as you can imagine►

4) Rate your pain by circling the one number that is your pain at its **LOWEST LEVEL** in the past week.

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄No Pain Pain as bad as you can imagine►

5) Rate your pain by circling the one number that represents how much pain you have on **AVERAGE**.

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄No Pain Pain as bad as you can imagine►

6) Rate your pain by circling the one number that represents how much pain you have **RIGHT NOW**.

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄No Pain Pain as bad as you can imagine►

7) What interventions are you receiving for your pain?
Medications: (anti-inflammatory) _____
(steroids) _____ (muscle relaxer) _____
(pain reliever) _____ (opioids) _____
Medications (other categories) _____
Injections _____
Physical Therapy _____ Chiropractic _____
Other Interventions _____

8) How much **RELIEF** have the pain interventions (listed in the box above) provided? Please circle the one percentage that most shows how much relief you have received.

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

9) Circle the one number that describes how **PAIN HAS INTERFERED** (during the past week) with your:

A. **General Activity**
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►

B. **Mood**
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►

C. **Walking Ability**
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►

D. **Normal Work** (work outside home and housework)
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►

E. **Relations with Other People**
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►

F. **Sleep**
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►

G. **Enjoyment of Life**
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
◄Does not Interfere Completely Interferes►