

**WOMEN'S INTERAGENCY HIV STUDY  
FORM BPI: Brief Pain Inventory Short Form**

**SECTION A: GENERAL INFORMATION**

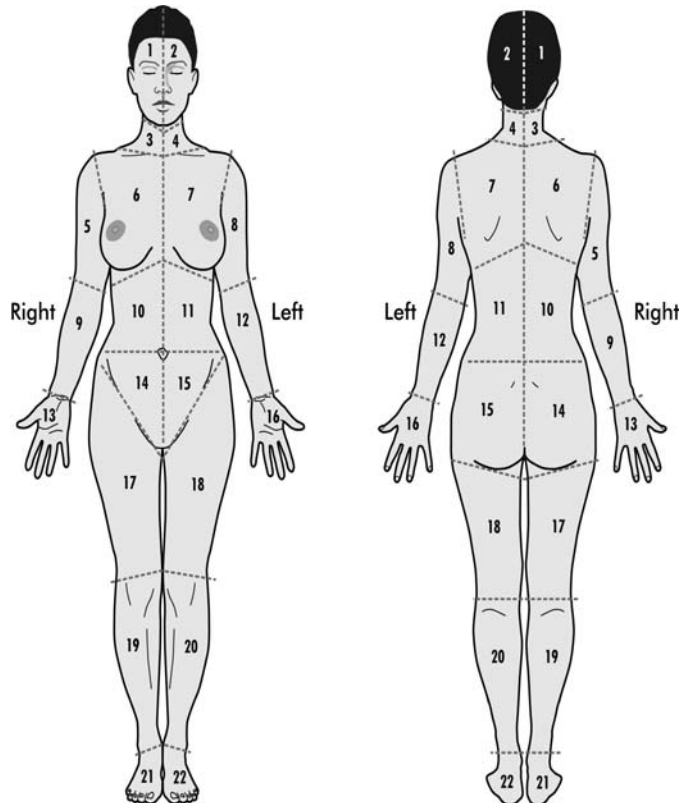
- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |\_|-|\_|\_|-|\_|\_|\_|\_|-|\_|
- A2. WIHS STUDY VISIT #: |\_|\_|
- A3. FORM VERSION: **10/17/12**
- A4. DATE OF INTERVIEW: |\_|\_|/|\_|\_|/|\_|\_|  
M D Y
- A5. INTERVIEWER'S INITIALS: |\_|\_|\_|
- A6. TIME MODULE BEGAN: |\_|\_|:|\_|\_| AM..... 1  
PM..... 2

- B1. 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 last week**?
- YES ..... 1  
NO ..... 2 (B10)

- B2. **HAND PARTICIPANT RESPONSE CARD BPI1.**  
From the diagram, list the areas where you feel pain.  
**ENTER "25" IF PARTICIPANT FEELS PAIN ALL OVER.**

**START BPIs1**

	<u>SITE</u>	<u>FRONT</u>	<u>BACK</u>
1.	_ _	1	2
2.	_ _	1	2
3.	_ _	1	2
4.	_ _	1	2
5.	_ _	1	2
6.	_ _	1	2
7.	_ _	1	2
8.	_ _	1	2
9.	_ _	1	2
10.	_ _	1	2



**END BPIs1**

- a. What area hurts the most? |\_|\_|
- FRONT ..... 1  
BACK ..... 2

**HAND PARTICIPANT RESPONSE CARD BPI2 FOR QUESTIONS B3 THROUGH B6.**

These next questions relate to your pain in general over the last week, not just the area that hurts the most.

B3. Please rate your pain by indicating the one number that best describes your pain at its **worst** in the last week?

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

B4. Please rate your pain by indicating the one number that best describes your pain at its **least** in the last week?

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

B5. Please rate your pain by indicating the one number that best describes your pain on the **average**?

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

B6. Please rate your pain by indicating the one number that tells 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

B7. In the past week, have you received any treatments or medications for your pain? **(PROBE: please include only medications, not treatments such as massage or acupuncture.)**

YES ..... 1  
 NO ..... 2 **(B9)**

a. What treatments or medications are you receiving for your pain?

**START BPIs2**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**END BPIs2**

**B8. HAND PARTICIPANT RESPONSE CARD BPI3.**

In the past week, how much relief have pain treatments or medications provided? Please indicate the one percentage that most shows how much *relief* you have received. **(PROBE: Please include relief you have received from medications only; do not include relief you have received from treatments such as massage or acupuncture.)**

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

**HAND PARTICIPANT RESPONSE CARD BPI4 FOR QUESTIONS B9a – B9g.**

B9. Indicate the one number that describes how much, during the past week, pain has interfered 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, which includes both work outside the 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

WIHS ID #

g. Enjoyment of life

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Does not interfere										Completely interferes

B10. TIME MODULE ENDED:

|\_|\_| : |\_|\_| AM.....1  
PM.....2