Scottish Bell's Palsy Study

Brief Pain Inventory (Short Form)

Patient name _____

Patient ID __ __ __ __ __ __ __

Date / /

Assessment visit (1 / 2 / 3) ____

Researcher name _____

The following questions ask about how much pain you have been experiencing. Please answer every question by marking it as indicated.

Question 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 **AND THAT YOU ATTRIBUTE TO YOUR BELL'S PALSY** in the past 24 hours? Please tick.

Yes ☐ **No** ☐

Only if your answer is **Yes** proceed to the rest of the questionnaire.

For **Questions 2 to 5**
circle one number only
from 0 (**NO PAIN**)
to 10 (**PAIN AS BAD AS YOU CAN IMAGINE**)

Question 2

Please rate your pain by circling the one number that best describes your pain **AT ITS WORST** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10

Question 3

Please rate your pain by circling the one number that best describes your pain **AT ITS LEAST** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10

Question 4

Please rate your pain by circling the one number that best describes your pain **ON AVERAGE** during the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10

Question 5

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

0 1 2 3 4 5 6 7 8 9 10

For **Questions 6 to 12**
circle one number only that describes how
DURING THE LAST 24 HOURS
your pain has interfered with your life
from 0 (**DOES NOT INTERFERE**)
to 10 (**INTERFERES COMPLETELY**)

Question 6 General activity

0 1 2 3 4 5 6 7 8 9 10

Question 7 Mood

0 1 2 3 4 5 6 7 8 9 10

Question 8 Walking ability

0 1 2 3 4 5 6 7 8 9 10

Question 9 Normal work (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

Remember, for these questions
circle one number only that describes how
DURING THE LAST 24 HOURS
your pain has interfered with your life
from 0 (**DOES NOT INTERFERE**)
to 10 (**INTERFERES COMPLETELY**)

Question 10 Relations with other people

0 1 2 3 4 5 6 7 8 9 10

Question 11 Sleep

0 1 2 3 4 5 6 7 8 9 10

Question 12 Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

Thank you very much for helping us
by providing your answers to this questionnaire