

DRAFT

**SWOG
S1200 BRIEF PAIN INVENTORY SHORT FORM (BPI-SF)**

SWOG Patient ID SWOG Study No. S 1 2 0 0 Registration Step 1

Patient Initials _____ (L, F M) Date of Completion: / /

Planned Assessment: Prestudy 6-week visit 12-week visit 16-week contact
 20-week contact 24-week visit 52-week visit

...Continued from Page 1

Select the one number that describes how, during the last week, JOINT PAIN HAS INTERFERED with your:

8. General Activity

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

9. Mood

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

10. Walking ability

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

11. Normal work (includes both work outside the home and housework)

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

12. Relations with other people

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

13. Sleep

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

14. Enjoyment of life

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

Source: Brief Pain Inventory-Short Form: C. S. Cleeland, PhD, University of Texas, M. D. Anderson Cancer Center, Houston, TX (Cleeland, 1994)

continued on next page

2/9/2012

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SWOG Patient ID	<input type="text"/>	SWOG Study No.	<input type="text"/> S <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0	Registration Step	<input type="text"/> 1
Patient Initials	_____ (L, F M)	Date of Completion:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Planned Assessment:	<input type="checkbox"/> Prestudy	<input type="checkbox"/> 6-week visit	<input type="checkbox"/> 12-week visit	<input type="checkbox"/> 16-week contact	
	<input type="checkbox"/> 20-week contact	<input type="checkbox"/> 24-week visit	<input type="checkbox"/> 52-week visit		

Instructions: In the first two questions on page 1 of this form, you were asked about joint pain. The two questions below ask instead about joint stiffness. For each item below, please put an in the one box that best describes your joint stiffness. Be sure to read each question carefully and to provide one answer.

15. Throughout our lives, most of us have had stiffness from time to time (such as difficulty getting up from a chair). Have you had joint stiffness in the last week?

Yes No

16. Please rate your joint stiffness by selecting the one number that best describes your joint stiffness at its WORST in the last week.

0 1 2 3 4 5 6 7 8 9 10

No stiffness Stiffness as bad as you can imagine