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

SW	OG Patie	nt ID			S	WOG St	udy No.	S 1 2	0 0	R	egistration Step 1
Pa	tient Initial	s	(L	., F M)			Date o	f Comple	tion:		/
Planned Assessment: Prestudy 6-week visit 12-week visit 16-week contact 20-week contact 24-week visit 52-week visit											
Inst	Institution/Affiliate Physician										
<b>Instructions:</b> You will be asked to fill out this form at the times listed above for a total of 7 times. The staff at your clinic will remind you of the times the questionnaire is to be completed. For each item below, please put an $X$ in the one box that best describes your joint pain (page 1) and how that pain affects your daily activites (page 2). Be sure to read each question carefully and to provide one answer for each question. Thank you for participating in this study.											
Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had joint pain other than these everyday kinds of pain in the <a href="last week">last week</a> ?      Yes  No											
2.	Please ra			n by sele	cting the	one nur	mber tha	t best de	scribes	your joir	nt pain at its
	0 No pain	1	<u>2</u>	□3	<u> </u>	<u> </u>	<u> </u>	7	□ 8	<u> </u>	10 Pain as bad as you can imagine
3.	3. Please rate your joint pain by selecting the one number that best describes your joint pain at its										
	LEAST in 0 No pain	n the <u>las</u> 1	<u>t week</u> .	□3	_ 4	<u> </u>	□ 6	□ 7	8	<u> </u>	10 Pain as bad as you can imagine
4. Please rate your joint pain by selecting the one number that best describes your joint pain on the											
	O No pain	<b>iE.</b>	_ 2	□3	<u> </u>	5	□ 6	7	□8	<u> </u>	10 Pain as bad as you can imagine
5. Please rate your joint pain by selecting the one number that tells how much joint pain you have											
	RIGHT N  0  No pain	IOW. ☐ 1	_ 2	□3	4	5	<u> </u>	7	□8	□ 9	10 Pain as bad as you can imagine
6.	Are you	taking ar	ny oral m	edication	ns for you	ır joint p	ain? 🔲	Yes [	] No		
7.	In the lasselect the 0%	e percer	ntage tha	t most s	hows ho	w much.	treatme	nts or me	edication	s provid	ded? Please  90% 100%  Complete relief

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

SWOG Patient ID SWOG Study No. S 1 2 0 0 Registration Step 1											
Pa	tient Initials	3	(L,	FM)			Date of	Complet	tion:	/ [	/
Planned Assessment: Prestudy 6-week visit 12-week visit 16-week contact											
			20-wee	ek contact	t 24-	week visit	52	-week vis	it		
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 Does not interfere	<u> </u>	2	<u> </u>	<u> </u>	<u> </u>	□ 6	□ 7	<u> </u>	<u> </u>	10 Completely interferes
9.	Mood										
	0 Does not interfere	1	2	3	4	5	□ 6	□ 7	<u> </u>	<u> </u>	10 Completely interferes
10	. Walking	ability									
	0 Does not interfere	1	2	□ 3	4	<u> </u>	□ 6	□ 7	□ 8	9	10 Completely interferes
11. Normal work (includes both work outside the home and housework)											
	0 Does not interfere	<u> </u>	_ 2	□3	<u> </u>	□ 5	□ 6	□ 7	□ 8	□ 9	10 Completely interferes
12. Relations with other people											
	0 Does not interfere	<u> </u>	_ 2	3	<u> </u>	<u> </u>	□ 6	□ 7	<u> </u>	<u> </u>	10 Completely interferes
13.	Sleep										
	0 Does not interfere	1	2	□ 3	<u> </u>	<u> </u>	□ 6	<u></u> 7	□ 8	<u> </u>	10 Completely interferes
14. Enjoyment of life											
	0 Does not interfere	<u> </u>	_ 2	<u> </u>	4	<u> </u>	□ 6	<u> </u>	<u> </u>	<u> </u>	10 Completely interferes

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

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

SWOG Patient ID SV	WOG 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 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 $X$ 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 s from a chair). Have you had joint stiffness in the second of the s	stiffness from time to time (such as difficulty getting up n the <u>last week</u> ?					
16. Please rate your joint stiffness by selecting the one number that best describes your joint stiffness at its WORST in the <u>last week</u> .						
0 1 2 3 4 No stiffness	5 6 7 8 9 10 Stiffness as bad as you can imagine					