

**NINDS CDE Notice of Copyright  
Brief Pain Inventory (BPI)**

<b>Availability:</b>	<p><b>Please visit this website for more information about the instrument:</b> <a href="#">Brief Pain Inventory</a>.</p> <p>The Brief Pain Inventory (BPI) copyright is held by Charles S. Cleeland, PhD (1991). The copyright applies to the BPI and all its derivatives in any language. The BPI may not be used or reproduced without permission from Dr. Cleeland or his designee. Fees for use may apply.</p>
<b>Classification:</b>	<b>Supplemental:</b> Chiari I Malformation (CM), Facioscapulohumeral Dystrophy (FSHD), Multiple Sclerosis (MS), Parkinson’s Disease (PD)
<b>Short Description of Instrument:</b>	<p><b>Construct measured:</b> Pain.</p> <p><b>Generic vs. disease specific:</b> Generic.</p> <p><b>Means of administration:</b> Self-Assessment/Interview.</p> <p><b>Intended respondent:</b> Patient.</p> <p><b># of items:</b> 9.</p> <p><b># of subscales and names of sub-scales:</b> N/A.</p> <p><b># of items per sub-scale:</b> N/A.</p>
<b>Comments / Special Instructions:</b>	<p>The BPI has become one of the most widely used measurement tools for assessing clinical pain. The BPI allows patients to rate the severity of their pain and the degree to which their pain interferes with common dimensions of feeling and function. Initially developed to assess pain related to cancer, the BPI has been shown to be an appropriate measure for pain caused by a wide range of clinical conditions.</p> <p><b>Administration:</b> The BPI is a self-assessment scale. For patients who cannot complete the scale themselves, interview the patient reading all questions as written and slowly enough for the patient to consider each statement and respond.</p>
<b>Scoring:</b>	<b>Scoring:</b> The short version of the BPI (Short form) includes 9 items. It uses a 0 to 10 numeric rating scales for item rating.

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<p><b>Rationale/ Justification:</b></p>	<p><b>Strengths/ Weaknesses:</b> The BPI has been used in hundreds of studies. In some ways, the BPI is a “legacy” instrument—a self-report measure that has, over time, become a standard for the assessment of pain and its impact. It is not recommended to use BPI item 9 a – g, dealing with pain’s interference with functions because the performance of this item may be confounded by other motor and nonmotor impairments.</p> <p><b>Psychometric Properties:</b> The test-retest reliability of the BPI has been studied in cancer patients and other patients with pain. Initial short-term (1 day to 1 week) reliability for ratings of pain “worst” (0.93) and “usual” or “average” pain (0.78) in patients with cancer was high, which signals acceptable reliability. As expected, test-retest reliability for pain “now” severity ratings were lower (0.59). In summary, the BPI is reliable to the extent that high test-retest reliability and alternate-form reliability is demonstrated when pain is stable or when pain changes in a predictable way.</p>
	<p><b>Key Reference:</b> Cleeland C. The Brief Pain Inventory User's Guide. 2009. <a href="#">Brief Pain</a>.</p> <p><b>Additional References:</b></p> <p>Daut RL, Cleeland CS, Flanery RC. Development of the Wisconsin Brief Pain Questionnaire to assess pain in cancer and other diseases. <i>Pain</i>. 1983;17(2):197–210.</p> <p>Keller S, Bann CM, Dodd SL, Schein J, Mendoza TR, Cleeland CS. Validity of the brief pain inventory for use in documenting the outcomes of patients with noncancer pain. <i>Clin J Pain</i>. 2004;20(5):309–318.</p> <p>Tan G, Jensen MP, Thornby JI, Shanti BF. Validation of the Brief Pain Inventory for chronic nonmalignant pain. <i>J Pain</i>. 2004;5(2):133–137.</p>