**Canine Brief Pain Inventory**

**Description of pain:**

**Rate your dog's pain:**

1. Fill in the oval next to the one number that best describes the pain at its worst in the last 7days.

No pain

0

1

2

3

4

5

6

7

8

9

10

Extreme pain

2. Fill in the oval next to the one number that best describes the pain at its least in the last 7 days

No pain

0

1

2

3

4

5

6

7

8

9

10

Extreme pain

3. Fill in the oval next to the one number that best describes the pain at its average in the last 7 days.

No pain

0

1

2

3

4

5

6

7

8

9

10

Extreme pain

4. Fill in the oval next to the one number that best describes the pain as it is right now.

No pain

0

1

2

3

4

5

6

7

8

9

10

Extreme pain

**Description of function:**

**Fill in the oval next to the one number that best describes how during the last 7 days pain has interfered with your dog's:**

5. General Activity

Does not interfere

0

1

2

3

4

5

6

7

8

9

10

Completely interferes

6. Enjoyment of Life

Does not interfere

0

1

2

3

4

5

6

7

8

9

10

Completely interferes

7. Ability to Rise to Standing From Lying Down

Does not interfere

0

1

2

3

4

5

6

7

8

9

10

Completely interferes

8. Ability to Walk

Does not interfere

0

1

2

3

4

5

6

7

8

9

10

Completely interferes

9. Ability to Run

Does not interfere

0

1

2

3

4

5

6

7

8

9

10

Completely interferes

10. Ability to Climb Stairs, Curbs, Doorsteps, etc.

Does not interfere

0

1

2

3

4

5

6

7

8

9

10

Completely interferes

**Overall impression:**

11. Fill in the oval next to the one number that best describes your dog's overall quality of life over the last 7 days.

Poor

Fair

Good

Excellent

**Overall score:**

\_\_\_\_\_\_\_\_\_\_\_/ 100