Title of measure:
The Brief Pain Inventory (BPI)

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Brief overview:
The BPI, developed by Daut, et al. was modeled after the McGill Pain Questionnaire (Daut et al., 1983; http://www.lsdregistry.net/fabryregistry/hcp/partic/assess/freg_he_p_BPI.asp). The BPI is a seventeen-item patient self-rating scale assessing demographic data, use of medications, as well as sensory, and reactive components of pain. The BPI includes items that will address components of sensory pain including severity, location, chronicity and degree of relief due to therapy. The BPI also has items that address reactive pain components including depression, suffering and perceived availability of relief. Respectable reliability has been demonstrated over short intervals using test retest item correlation; worst pain, r=.93; usual pain, r=.78; pain now, r=.59.

Validated (yes/no):
Yes, see D.

Psychometric properties and references:
Evidence of validity of the BPI comes from several sources. The relationship between use of pain medications and overall pain ratings was examined. The percentage of patients taking pain medications increased with high pain ratings. Significance was demonstrated between increased medication use and high pain ratings for both narcotic (x=28.17, df=3, p<0.002) and non narcotic (x=23.75, df=3, p<0.002) pain relievers. Validity of the BPI was also supported by the moderate correlation between worst pain intensity ratings and ratings of interference with six areas of activity and mood (r = .245 to .478. p<0.02 for all but social relationships were p<0.05). And finally, there is a logical pattern in the differences in inter-correlations among various pain and activity interference measures for different diseases.

Normative data:
These have been published previously (1, 3-6).

Clinically significant changes:
The BPI has demonstrated respectable test-retest item correlations (reliability), at least over short intervals. Evidence for the validity of the BPI comes from several studies using the instrument with cancer patients and patients with other diseases who had pain. Expected differences in pain severity were found between groups of patients with pain who differed in the presence or absence of metastases. Ratings of pain interference with various activities increased as ratings of pain severity were higher. The proportion of patients receiving opioid
analgesics increased with increased severity rating. Finally, the correlations among the items
differed in a logical way from one disease to another, suggesting that the BPI is sensitive to
differences in pain characteristics associated with different diseases.

Website or how to register to use:
http://www.lsdregistry.net/fabryregistry/hcp/partic/assess/freg_hc_p_BPI.asp

List any fees for usage:
None

Languages available:
Translated and validated in 12 languages including Chinese, Filipino, French, Hindi, Italian,
Spanish, and Vietnamese. The translations have been shown to produce similar data from
patients in these countries and from many different cultures. The translations are available in
the Fabry Registry Materials Section. If the language is not listed please contact the Fabry
Registry staff to see if there is a translated survey available in the patient’s native language.

Instructions for CRAs and/or credentialing of administration:
First be sure the patient is fluent in reading the language used in the survey. If not, don’t
proceed with administering the survey. It is important to keep track of when the patient was
last surveyed so you will know when they are due for their next survey. The self-administered
surveys may be conducted when the patient is in the clinic/office or through
the mail. If conducted in the clinical setting, then administer the survey before the patient
sees the physician or is asked about other health questions to avoid potentially influencing
the patient's answers.

For patients who cannot complete the form themselves, interview the patient reading all
questions as written and slowly enough for him or her to consider each statement and
respond. Record responses, but avoid extended discussions of the question or response.

Time to complete the instrument:
No specific reference found.

Quality assurance for administration (if needed):
After the patient has completed the survey, check to be sure that all questions have been
answered, and that only one answer has been provided to each question. If a response is
incomplete or unclear, ask the patient to complete the question or clarify his or her choice. If
the patient makes an error while completing the survey, the mark must be lined through or
completely erased and the correct mark filled in and prominently noted.

Scoring of instrument:
The BPI uses 0 to 10 numeric rating scales (NRS) for item rating because of its simplicity,
lack of ambiguity and seemed the best to use for cross-linguistic pain measurement. Since
pain can be quite variable over a day, the BPI asks patients to rate their pain at the time of
responding to the questionnaire (pain now), and also at its worst, least, and average over the
previous week. The ratings can also be made for the last 24 hours. The design of the study
will dictate the most appropriate period to rate. The pain worst rating can be chosen to be the
primary response variable, with the other items serving as a check on variability, or,
alternatively, these ratings can be combined to give a composite index of pain severity. While
it is necessary to limit the dimensions of assessment, it is critical to estimate the degree to
which pain limits patient function. Interference of function can be thought of as a reactive dimension. An effective intervention for pain control should demonstrate its effectiveness on more than a reduction in pain intensity alone. Again, using numeric 0 to 10 scales, with 0 being "no interference" and 10 being "interferes completely," the BPI asks for ratings of the degree to which pain interferes with mood, walking and other physical activity, work, social activity, relations with others, and sleep. The mean of these scores can be used as a pain interference score.

References:

2. [http://www.lsdregistry.net/fabryregistry/hcp/partic/assess/freg_hc_p_BPI.asp](http://www.lsdregistry.net/fabryregistry/hcp/partic/assess/freg_hc_p_BPI.asp)


