

**Today's Date:**  /  /   
Month Day Year

**Patient/Study ID#** \_\_\_\_\_

**Canine Brief Pain Inventory (CBPI)**

**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 7 days.

0    1    2    3    4    5    6    7    8    9    10  
No Pain 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.

0    1    2    3    4    5    6    7    8    9    10  
No Pain 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.

0    1    2    3    4    5    6    7    8    9    10  
No Pain Extreme Pain

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

0    1    2    3    4    5    6    7    8    9    10  
No Pain Extreme Pain

**Description of Function:**

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

**5. General Activity**

0    1    2    3    4    5    6    7    8    9    10  
Does not Interfere Completely Interferes

**6. Enjoyment of Life**

0    1    2    3    4    5    6    7    8    9    10  
Does not Interfere Completely Interferes

