

Patient Brief Pain Inventory (Please Use BLACK or BLUE Ink Only)

		(1.12136.0)		"			
IDENTIFICATION	DATA						
Name:				Date of Birth:			
Referred by:				Today's Date:			
What is your mair	focus todav?			-			
•	•		s □ New Pain	□ Other:			
		,					
SINCE LAST VISIT							
List any changes in	n medical care	e (incl. allergie	es, new diagnoses,	new physician, e	tc.). 🗆 None		
					·		
MEDICATIONS							
List any medication	n changes <i>(st</i>	arted or stop	<i>ped)</i> and the prescr	ibing doctor.	☐ None		
Medicat		Dose	Daily Frequency				
		2000	zany maquanay				
BRIEF PAIN INVE	NTORY						
		areas where	vou fool pain. But	an "Y" on the a	rea that hurts the most.		
On the diagra	iiii, siiaue tiie	areas wriere	you leel paill. Fut		rea that hurts the most.		
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		I.Y.C) } (
	4	NAME OF THE PERSON OF THE PERS		سياس			
Current Level of P	ain 1 – 10 <i>(10</i>) is worst):					
Describe the free							
bescribe the frequ	uency of your	pain:					
☐ Improved		pain: Vorse	☐ No Ch	nange	☐ Resolved		
·	□ V	Vorse	□ No Cł	nange	☐ Resolved		
☐ Improved	□ Vuency of your	Vorse	☐ No Ch		☐ Resolved		
☐ Improved Describe the frequency	□ V uency of your □ C	Vorse pain: onstant					
☐ Improved Describe the frequent ☐ Intermittent	□ V uency of your □ C	Vorse pain: onstant your pain:					

									RIVER CITIES				
	kes your p	pain wors	e?						PAIN SPEC	ITIONAL HALISTS —			
☐ Lying	g Down Movement				☐ Sitting			\square Standing					
☐ Stress			☐ Walking		\square Weather			\square Other:					
	eves your	=	_	_	_				_				
□ Exercise □ Heat □ Ice □ Injections □ Medication □ Physical Therapy □ Rest □ Sitti													
	Other methods you use to relieve your pain? ☐ Warm Compress ☐ Cold Compress ☐ Relaxation/Distraction Techniques ☐ Biofeedback												
	-		ld Compre	ss ∟ Re	elaxatı	on/Distract	ion Techniqu	ies ∟ Bi	ofeedbac	CK			
	□ Hypnosis □ Other: Rate your pain by choosing the ONE number that best describes your pain at its <i>worst</i> last week.												
		_		_			·			_			
□ 0 No Pain	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	9	☐ 10			
										Imaginable			
Rate your pain by choosing the <u>ONE</u> number that best describes your pain at its <u>least</u> last week.													
□ 0 No Pain	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	☐ 9 Worst Pain	☐ 10 Imaginable			
			ul ONE			1	•		vvoist Fuiii	magmable			
-		_		_		•	your pain on			□ 10			
□ 0 No Pain	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	☐ 9 Worst Pain	\Box 10			
	over the	nact was	k shassa:	tha numb	or tha	t bast dasar	ribes how it h	as interfe		3			
General A		past wee	k, choose	the numb	er una	ı best desci	ibes now it i	ias interre	rea with	your-			
	\Box 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
□ U Does Not Int		∟∠	□ 3	⊔ 4		□ 0	□ /	⊔ 6		⊔ 10 ly Interferes			
Mood:	,								·	,			
	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
Does Not Int		L 2		□ Ŧ			□ /			ly Interferes			
Walking A	∆hilitv•												
	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
Does Not Int			_ •			_ •	_ ,	_ 0		y Interferes			
Normal V	Vork:												
□ 0	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
Does Not Int	erfere									ly Interferes			
Relations	with Oth	er People) :										
□ 0	□ 1	□ 2 ·	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
Does Not Int	erfere								Complete	ly Interferes			
Sleep:													
□ 0	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
Does Not Int	erfere								Complete	ly Interferes			
Enjoymei	nt of Life:												
\square 0	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10			
Does Not Int	erfere								Complete	ly Interferes			
	Wong-Baker FACES® Pain Rating Scale												
		0	2	4		6	8	10					
		lo urt	Hurts Little Bit	Hurts Little M		Hurts Even More	Hurts Whole Lot	Hurt Wors					