FPMx Brief Outcomes

Name: …… **DOB: ……** **Date……**

Brief Pain Inventory (BPI)

1. Please rate **your pain** by circling the one number that best describes your pain at its **worst** in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

2. Please rate **your pain** by circling the one number that best describes your pain at its **least** in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

3. Please rate **your pain** by circling the one number that best describes your pain on **average**.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

4. Please rate **your pain** by circling the one number that tells how much pain you have **right now**.

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

5. In the last week, **how much relief have pain treatments or medications provided**? Please circle one percentage that best shows how much relief you have received.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No Relief										Complete Relief

6. **Circle the one number that describes how, during the past week, pain has interfered with your:**

A. General Activity

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

B. Mood

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

C. Walking Ability

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

D. Normal Work (includes work both outside the home and housework)

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

E. Relations with other people

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

F. Sleep

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

G. Enjoyment of Life

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

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7. PSEQ2 Please circle: 0 = not at all confident and 6 = completely confident

I can do some form of work, despite the pain **("work) includes house work, paid & unpaid work)**

0 1 2 3 4 5 6

Not at all confident **Completely Confident**

I can live a normal lifestyle, despite the pain.

0 1 2 3 4 5 6

Not at all confident **Completely Confident**

8. Kessler K6 Please circle number of best answer for each question

During the last 30 days, about how often did you feel	None Time	Little Time	Some Time	Most time	Always
1 … Nervous ?	1	2	3	4	5
2 … Hopeless ?	1	2	3	4	5
3 … Restless or Fidgety?	1	2	3	4	5
4 … So depressed that nothing could cheer you up?	1	2	3	4	5
5 … That everything was an effort	1	2	3	4	5
6 … Worthless	1	2	3	4	5

9. Global Perceived Effect / Satisfaction with treatment compared to baseline**:** Please circle number of best answer

Very Much Worse	Much Worse	Worse	Unchanged	Better	Much Better	Very Much Better
-3	-2	-1	0	+1	+2	+3

10. Function:

Have you Returned Work or Desired Activities? **Yes** **Partial** **No**

11. Medication:

Medications ceased, changed or started (list changes on page 3) No Change

oMEDD _____ mg morphine (For Staff Use Only)

12. Adverse Event or Side Effects

Nil Yes, (list on page 3)

13. **Based on your recent experience**, how likely are you to recommend us to your friends and family?

0 1 2 3 4 5 6 7 8 9 10

Not at all likely Highly Likely

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Any Medications Stopped ◯ (Tick if Nil)

Name	Strength	Dose	Frequency

Any Medication Changed ◯ (Tick if Nil)

Name	Strength	Dose	Frequency

Any new Medication Started ◯ (Tick if Nil)

Name	Strength	Dose	Frequency

Adverse Event or Side Effects ◯ (Tick if Nil)

Event Name & Cause	Severity	Action – what was done

Please shade the areas where you feel pain if it has changed since the last pain drawing. Please shade on the most painful area (using the highlighter tool) – Please refer to Help Guide attached if needed. Thanks.