FPMx Brief Outcomes

Na	ame:	DOB:	Date				
	Brief Pain Inventory (BPI)		6. Circle the <u>one</u> number that describes how, during the past week, pain has interfered with your:				
L.	Please rate your pain by circling the <u>on</u> pain at its <u>worst</u> in the last 24 hours.	e number that best describes your	A. General Activity				
	0 1 2 3 4 5 No pain	6 7 8 9 10 Pain as bad as you can imagine	0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interference				
2.	Please rate your pain by circling the <u>on</u> pain at its least in the last 24 hours.	e number that best describes your	B. Mood				
	0 1 2 3 4 5	6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interfere				
	No pain	Pain as bad as you can imagine	C. Walking Ability				
3.	Please rate your pain by circling the <u>on</u> pain on <u>average</u> .	<u>e</u> number that best describes your	0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interfere				
	0 1 2 3 4 5 No pain	6 7 8 9 10 Pain as bad as you can imagine	D. Normal Work (includes work both outside the home and housework)				
1.	Please rate your pain by circling the <u>on</u> you have right now .	· · · · · · · ·	0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interfere				
			E. Relations with other people				
	0 1 2 3 4 5 No pain	6 7 8 9 10 Pain as bad as you can imagine	0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interfere				
5.	In the last week, how much relief have provided? Please circle <u>one</u> percentage you have received.		F. Sleep				
	0% 10% 20% 30% 40% 50% No Relief	60% 70% 80% 90% 100% Complete Relief	0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interfere				
	INO Relief	Complete Keller	G. Enjoyment of Life				
			0 1 2 3 4 5 6 7 8 9 10 Does Not Interfere Completely Interfere				
			Updated as at 15/06/2020 page				

FPMx Brief Outcomes

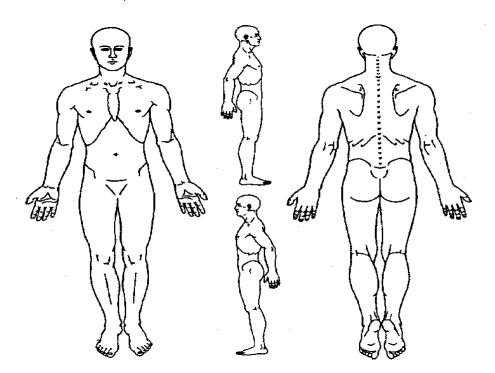
Name:	• • • • • • • • • • • • • • • • • • • •	•••••	•	DOB		•••••		Date
		e: 0 = not at all						Global Perceived Effect / Satisfaction with treatment compared to baseline: Please circle number of best answer
paid & unpa		ork, despite the	pain (v	vork) in	iciuaes i	nouse v	vork,	Very Much Worse Much Worse Worse Unchanged Better Much Better Very Much Better -3 -2 -1 0 +1 +2 +3
0 Not at all cor	1 nfident	2	3	4	5 Complet	tely Con	6 fident	
I can live a r	normal lifesty	e, despite the	pain.					10. Function:
0	1	2	3	4	5		6	
Not at all cor	nnaent				Complet	tely Con	ndent	Have you Returned Work or Desired Activities? Yes Partial No 11. Medication:
8. Kessler	r K6 Please cir	cle number of	best ans	wer for	each qu	uestion	,	77.77.7
During the I did you feel	last 30 days, ab l	out how often	None Time	Little Time	Some Time	Most time	Always	Medications ceased, changed or started (list changes on page 3) No Change oMEDD mg morphine (For Staff Use Only)
1 Nervou	is?		1	2	3	4	5	
2 Hopeles	ss ?							12. Adverse Event or Side Effects
3 Restless	s or Fidgety?		1	2	3	4	5	Nil Yes, (list on page 3)
			1	2	3	4	5	
4 So depr	ressed that not up?	hing could	1	2	3	4	5	13. Based on your recent experience , how likely are you to recommend us to your friends and family?
5 That ev	erything was a	n effort	1	2	3	4	5	,
6 Worthle	ess		1	2	3	4	5	0 1 2 3 4 5 6 7 8 9 10 Not at all likely Highly Likely
			1	1	_	1		- ,

FPMx Brief Outcomes

Any Modice	tions Stannad	DOB: (Tick if Nil)		
Any Medica Name	tions Stopped Strength	Dose	Frequency	
1 (unite	Strength	Dose	<u> </u>	
Any Medica	tion Changed	(Tio	ck if Nil)	
Name	Strength	Dose	Frequency	
Anv new Me	edication Started	(Tio	ck if Nil)	
Any new Me Name	edication Started	Dose (Tic		
	edication Started Strength	` `	ck if Nil) Frequency	
		` `		
		` `		

Adverse Event or Side E	(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.



Date.....