Appendix 1: Modified Resident's Verbal Brief Pain Inventory (M-RVBPI) (Modified from Cleeland, 1989[1-3])

A multidimensional pain assessment instrument such as the M-RVBPI is the best option for the initial assessment of communicative people and subsequent formal reviews at weekly or longer intervals. This type of assessment provides comprehensive information about pain intensity, the site of pain and the physical and psychosocial impact of pain.

Resident ID Code _____ Date _____ Time commenced _____

INSTRUCTIONS: Use prompts for pain throughout the questionnaire if necessary.
Use flip chart (Appendix 1a) with response options in large font if the individual is able to see these.

Section One

1. **Have you had any pain in the past 24 hours?** *(Please tick)* *Prompts: An ache; feeling tender; hurting; feeling stiff and sore; headache* Please tick if prompt needed ☐	YES	NO

Bearing in mind the resident's usual abilities, and to assess the resident's pain on movement, please ask the resident to move in the way that he/she is usually able to move (for example, walk, rise to standing position and then to sit down again, turn over in bed, bend and/or raise arms and legs as appropriate)

Please state movement(s) made:

2a. **Did you have any pain when you were moving just now?** *(Please tick)*	YES	NO

2.b **Where was the pain when you were moving?** *(Show body map below or use body map flip chart in Appendix 1a)*

List the location(s)

2.c **Overall how bad was your pain when you were moving just now?** *Use the flip chart (Appendix 1a) showing these response options in large font if needed.* Please note any comments made:	No Pain	Mild	Moderate	Severe

If the individual reports no pain using either of these two items, this is the end of the pain check. Otherwise, continue to section 2.
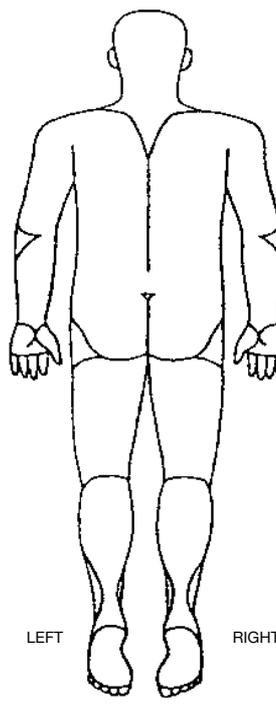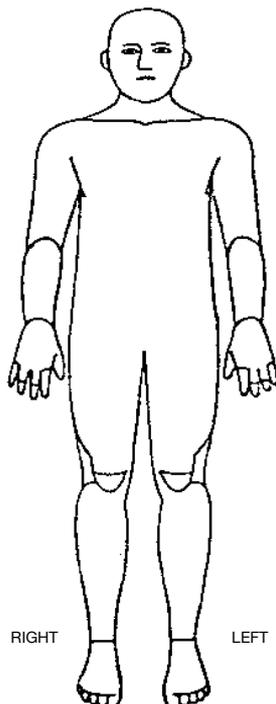
Section Two

3. **Please tell me more about all the pain or pains you have had in the past 24 hours? (Show body map)**
    Show me <u>all</u> the places where the pain is or has been. *(Please tick)*

    List pain sites:

Now please think about your pain overall, whether it is in one place or in more than one place.
Note: Use the flip chart (Appendix 1a) showing response options in large font from NO PAIN to SEVERE PAIN if the resident is able to read the font

4. **In the past 24 hours, how bad has the pain been at its worst?** *(Please tick)* *Prompts: most troublesome, when it was as bad as it got.* Please tick if prompt needed ☐ Please note any comments made	No Pain	Mild	Moderate	Severe
5. **In the past 24 hours, how bad has the pain been at its least?** (Please tick) *Prompts: least troublesome, when it was as good as it got* Please tick if prompt needed ☐ Please note any comments made	No Pain	Mild	Moderate	Severe
6. **How bad is your pain now?** Please note any comments made:	No Pain	Mild	Moderate	Severe

RIGHT   LEFT   LEFT   RIGHT

Now use the flip chart (Appendix 1a) showing NO EFFECT to SEVERE EFFECT

Section Three

		No Effect	Mild Effect	Moderate Effect	Severe Effect
7.	**In the past 24 hours, please tell me how much pain has had an effect on your walking ability (if applicable)?** *(Please tick)* **Please tick here** if unable to walk (regardless of pain) ☐ Please tick if prompt needed ☐ Please note any comments made				
8.	**In the past 24 hours, please also tell me how much pain has had an effect on your general activity?** *(Please tick)* *Prompt: the things that you do each day (give appropriate example such as eating breakfast, selecting clothing for the day, combing hair).* Please tick if prompt needed ☐ Please note any comments made				
9.	**In the past 24 hours, how much has pain had an effect on your interactions with other people?** *(Please tick)* *Prompt: chatting, saying hello, answering others to speak, smiling at other people?* Please tick if prompt needed ☐ Please note any comments made				

Thank you

_____

Time stopped
_____

Time taken for completion
_____

References:

1. Australian Pain Society (2005). *Pain in residential aged care facilities: Management strategies*

2. Cleeland CS (1989) Measurement of pain by subjective report. In CR Chapman & JD Loeser (Eds), Advances in pain research and therapy: Vol 12. *Issues in pain management* (pp 391-403). New York: Raven Press.

3. Auret KA, Toye C, Goucke R, Kristjanson LJ, Bruce D & Schug S (2008). Development and testing of a modified version of the Brief Pain Inventory for use in residential aged care facilities. *Journal of the American Geriatrics Society*, 56 (2), 301-306.

Scoring the M-RVBPI

Items 2c, 4, 5, and 6 assess the intensity of pain as reported by the resident. These items are best used to obtain a picture of the level of the resident's pain experience that can be summarised in the Pain Intensity Summary.

Pain Intensity Summary

Item	Pain Feature	Presence/Absence (circle)		Severity (circle)			
1	Pain initially recalled in past 24 hours	YES	NO				
2.c	Pain on movement			None	Mild	Moderate	Severe
4	Pain worst in past 24 hours			None	Mild	Moderate	Severe
5	Pain least in 24 hours			None	Mild	Moderate	Severe
6	Pain now			None	Mild	Moderate	Severe

Responses to Items 7, 8 and 9 can be scored using the scale of 0 (no pain) to 3 (severe pain) and these scores can be summed to give an overall score for pain interference. This score can be documented in the Pain Interference Summary.

Pain Interference Summary

Item	Area of Interference	Circle & Transfer Score to Total Column					Total
		None	Mild	Moderate	Severe	Not applicable (tick)	
7	Walking	0	1	2	3		
8	General activity	0	1	2	3		+
9	Interactions	0	1	2	3		+
						Overall Total	=

Recommended Uses of Scores

Obviously, responses for pain intensity and scores for pain interference can be used for comparison purposes. This is especially important when trialling an intervention to reduce pain. However, responses and scores should also serve to alert staff to the need to implement such an intervention. Some key principles are that:

- Pain of moderate or severe intensity that cannot be controlled by existing measures needs urgent review

- Scores of 6 and over for pain interference, or four and over when the resident cannot walk, also mean that urgent review is required

- Pain of any level of intensity that recurs, lasts for long periods, and/or causes interference with walking, general activity or interactions must prompt the implementation or review of pain management strategies