

Instructions

It is Your story and you are the only one who knows it.

Pain is an Invisible illness which makes documenting the details even more important.

The opportunities to work on committees with HCPs who are dedicated to improve the understanding and management of persistent pain has provided us the chance to know exactly what information is needed to help them understand your pain and help you to understand it too.

Brief Pain Inventory

Picture of your pain using tools that your healthcare provider uses.

In BC the “Practise Support Program” (PSP), has recommended the Brief Pain Inventory form (BPI) as one of the better forms to use in documenting pain and the impact pain has.

[Click here to learn more....](#)

Filling this form out on a regular basis helps you see and understand how your pain affects your ability to function well.

Brief Pain Inventory Form

Page 1 Body Diagram

Gives a recent snap shot of your pain.

Follow the instructions as you mark where your pain is.

The areas you mark on the diagram gives your HCP very valuable information.

Page 2 Pain Survey

For each category chose a number between 0 and 10

Notes Pain scores

Most HCP have adopted the 0 to 10 pain rating scale. Where 0 means no pain and 10 means the worst pain you can possible imagine.

Tip

This scale can be used in your self discovery journal, In an attempt to convince your HCP how bad your pain is it is very tempting to overstate your pain score. Even if you are terrified the HCP won't understand try to relate to just the physical pain score.

Present Medications

Use the 5 column chart to list medications that you are currently taking.

Include:-

- The name of the medication
- Dose
- Frequency that you take this medication
- Indicate if it was helpful, yes or no.
- Add any comments that would be helpful to help your HCP understand the effects of taking this medication.

Example

Present Medications

Name:

Date:

Present Medications	Dose	Frequency	Helpful Yes/No	Comments
Tylenol #3	2 Tablets	4xDay	Yes	Hertburn

Past Medications

Use the 5 column chart to list medications that you have taken in the past.

Include:-

- The name of the medication
- Dose
- Frequency that you take this medication
- Indicate if it was helpful, yes or no.
- Add any comments that would be helpful to help your HCP understand the effects of taking this medication.

Example - see above

Tests

Use the 4 column chart to list the tests that you have had.
Start with the most recent and work backwards.

Include:-

- The name of the test
- Who ordered the test (if you know)
- What the results were

Example

Tests

Name: _____ **Date:** _____

Tests	Doctor	Date	Results
MRI	Dr. Goodman	07-2013	Degenerated Spine

Treatments

Use the 4 column chart to list any treatments you have undertaken
List the treatments starting at the most recent and work backwards

Include:

- Name of the Treatment,
- The health care providers name if possible and if it
- Was the treatment helpful, yes or no

Example

Treatments

Name: _____ **Date:** _____

Treatment	Doctor or Clinic	Date	Helpful Yes/No
Prolotherapy Right Wrist	Dr. Fixit	05/2012	Yes

Operations

Using the 4 column page list any operations that you have had and Include:-

- The operation,
- Doctor who performed the surgery,
- Date with year of the operation and the
- Hospital.

Example

Operations

Name:

Date:

Operation	Doctor	Date	Hospital
Total Knee Replacement	Dr. Bones	11-2012	Lions Gate

Discovery Journal

Use the discovery journal to track your activities, thoughts, emotions to discover what combination of activities work for you.

There are 3 entries on each page

When you are new at this you might want to do 3 entries each day

When you have more insight and it becomes more natural to make adjustments then you might want to do one entry per day or 3 entries per week.

Discovery Journal

Date	<input type="text"/>	Time	<input type="text"/>	Weather	<input type="text"/>	Emotion	<input type="text"/>	Meds	<input type="text"/>
Location	<input type="text"/>	Activity	<input type="text"/>			Physical	<input type="text"/>		
Details	<input type="text"/>					Thoughts	<input type="text"/>	Pain Score 1 10	<input type="text"/>
						Relationships	<input type="text"/>		
Date	<input type="text"/>	Time	<input type="text"/>	Weather	<input type="text"/>	Emotion	<input type="text"/>	Meds	<input type="text"/>
Location	<input type="text"/>	Activity	<input type="text"/>			Physical	<input type="text"/>		
Details	<input type="text"/>					Thoughts	<input type="text"/>	Pain Score 1 10	<input type="text"/>
						Relationships	<input type="text"/>		
Date	<input type="text"/>	Time	<input type="text"/>	Weather	<input type="text"/>	Emotion	<input type="text"/>	Meds	<input type="text"/>
Location	<input type="text"/>	Activity	<input type="text"/>			Physical	<input type="text"/>		
Details	<input type="text"/>					Thoughts	<input type="text"/>	Pain Score 1 10	<input type="text"/>
						Relationships	<input type="text"/>		



People in Pain Network
www.pipain.com

Discovery Journal (continued)

This slide has 3 entries in this day and all the boxes are filled in.

Note the activities and the times

This slide points out that the increase in the pain score later in the day may be the result of doing 2 higher energy activities back to back.

Possible adjustments could include

Having a restful activity between the 2 activities, or scheduling them on different days.

Discovery Journal

Name: _____

Date	27-Mar	Time	10:00 AM	Weather	RAIN	Emotion	HAPPY	Meds	
Location	OUT	Activity	MOVEMENT			Physical	GOOD		
Details	30 MINUTES OF WALKING WITH FRIENDS					Thoughts	NICE TO BE OUTSIDE	Pain Score 0-10	4
					Relationships	GOOD			
Date	27-Mar	Time	NOON	Weather	RAIN	Emotion	GOOD	Meds	PAIN MEDS
Location	OUT	Activity	SHOPPING			Physical	OK		
Details	GROCERY SHOPPING					Thoughts	SHOPPING IS HARD	Pain Score 0-10	5
					Relationships	FINE			
Date	27-Mar	Time	7PM	Weather	DRY	Emotion	GOOD	Meds	PAIN MEDS
Location	HOME	Activity	RESTING			Physical	TIRED		
Details	WATCHING TELEVISION					Thoughts	DID I DO TO MUCH	Pain Score 0-10	7
					Relationships	FINE			

Goal Setting

Use the SMART goal setting process

Specific -

A specific goal has a much greater chance of being accomplished than a general goal.

To set a specific goal you must answer the six “W” questions:

*Who: *What: *Where: *When: *Which: *Why:

EXAMPLE: A general goal would be, “I want to lose some weight.” A specific goal would be, “I want to lose 10 pounds in 2 months and I will eat properly and exercise at least 3 days a week to accomplish my goal.”

Measurable-

Establish criteria for measuring progress toward the attainment of each goal you set.

Describes how each goal will be measured (numeric or descriptive).

When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you on to continued the effort required to reach your goal.

Ask yourself:

- How will I know when the result has been achieved?
- How will I verify the achievement/performance of this goal?

Attainable

When you identify a goal, write it out and make a plan, you are making an attainable goal. You will see opportunities arise that will help you in accomplishing this goal. You will develop a positive attitude working towards an attainable goal and you will develop traits that will give you the strength to see it through.

Realistic and Relevant.

To be realistic, a goal must represent an objective toward which you are willing and able to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress. You are 70% confident that you can reach your goal.

Time based-

Creates a sense of urgency. Knowing you have to accomplish a task at a certain time makes you accountable. Know what those time lines are. What needs to be done by when. How much needs to be saved by when and take the steps necessary to meet those timelines.

[Click here to learn more](#)

Emotions

Persistent pain is defined as an unpleasant emotional and physical experience. So far we have been dealing with the physical side of pain. The emotional side is just as important.

- Listing the emotions that may be troubling for you is important.
- It is normal for people living with pain to need occasional help with difficult emotions.
- Some of these emotions may include acceptance, grief, anger, guilt, fear or depression.
- On the chart mark if the emotions affect your daily life
 - Minimally
 - Moderately
 - Severely
- You can see over time if these change and hopefully, have less of a negative impact on your daily life

Emotions

Name:

Date:

Emotion	Feelings	Severely	Moderately	Minimally
Angry	Frustrated		X	
Frightened	Trapped	X		

We have also included a list of emotions to help you.