Modified Resident's Verbal Pain Inventory (M-RVBPI)

Date: Time:

Name:

1. Have you had any pain in the last 24 hours?

Prompts: An ache; feeling tender; hurting; feeling stiff and sore; headache.

Please tick: Yes No

Use the prompts for pain from this item throughout the questionnaire, as needed.

Now, bearing in mind the resident's usual abilities, and to assess the resident's pain on movement, ask the resident to move in the way that they are usually able to move (e.g. walk, rise to a standing position and then sit down again, turn over in bed, bend and/or raise their arms and legs, as appropriate).

Please state movement(s) made:

2. (a) Did you have any pain when you were moving just now?

Please tick: Yes No

(b) Where was the pain when you were moving?

Show body map.

Location(s)

(c) And how bad was your pain when you were moving, just now?

Please tick:

No Pain Mild Moderate Severe

Note: use the chart showing these response options in large font, if the individual is able to see them. If the individual reports no pain using either of these two items, this is the end of the pain check. Otherwise, please continue

3. Please tell me more about all the pain or pains you have had in the past 24 hours (show body map). Show me all the places where the pain is or has been.

List pain sites

Now please think about your pain overall, whether it is in one place or in more than one place.

Note: continue to use the chart showing No Pain/Mild/ Moderate/Severe if the resident is able to read the font.

4. In the past 24 hours, how bad has the pain been as its worst?

Prompts: most troublesome, when it was as bad as it got.

Please tick:

No Pain Mild Moderate Severe

5. In the past 24 hours, how bad has the pain been at its least?

Prompts: least troublesome or not there at all, when it was as good as it got.

Please tick:

No Pain Mild Moderate Severe

6. How bad is your pain now?

Please tick:

No Pain Mild Moderate Severe

7. In the past 24 hours, please tell me how much pain has had an effect on your walking ability (if applicable)?

PLEASE TICK here if the person is unable to walk (regardless of pain)

Otherwise, please tick below:

No effect Mild effect Moderate effect Severe effect

8. Please tell me how much pain has had an effect on your general activity in the past 24 hours?

Prompts: the things that you do each day (give appropriate examples such as eating breakfast, selecting clothing for the day, combing hair)

Please tick:

No effect Mild effect Moderate effect Severe effect

9. In the past 24 hours, how much has pain had an effect on your interactions with other people?

Prompts: chatting, saying hello, answering when others speak to you, smiling at other people.

Please tick:

No effect Mild effect Moderate effect Severe effect

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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

1. Pain initially recalled in past 24 hours

Please tick: Yes No

2c. Pain on movement

No Pain Mild Moderate Severe

4. Pain worst in past 24 hours

No Pain Mild Moderate Severe

5. Pain least in past 24 hours

No Pain Mild Moderate Severe

6. Pain now

No Pain 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 and transfer score to total.

7. Walking

0 No Pain 1 Mild 2 Moderate 3 Severe

Not Applicable

8. General activity

0 No Pain 1 Mild 2 Moderate 3 Severe

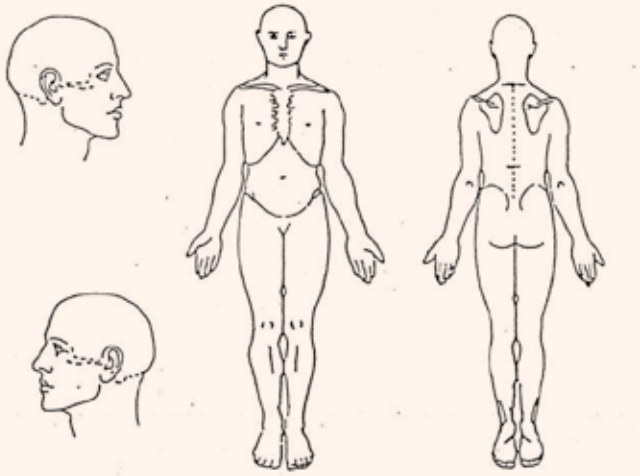
Not Applicable

9. Interactions

0 No Pain 1 Mild 2 Moderate 3 Severe

Not Applicable

TOTAL PAIN SCORE /9



Recommended Uses of Scores:

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 4 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.

Reference:

Auret KA, Toye C, Roger Goucke R, Kristjanson LJ, Bruce D, Schug S. 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. 2008 Feb; 56(2): 301-6. doi: 10.1111/j.1532-5415.2007.01546.x.