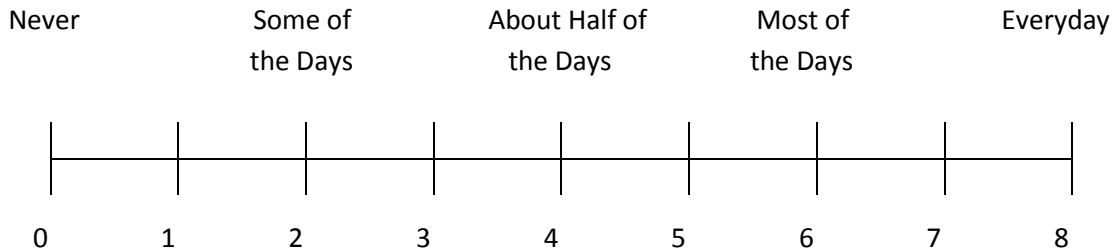


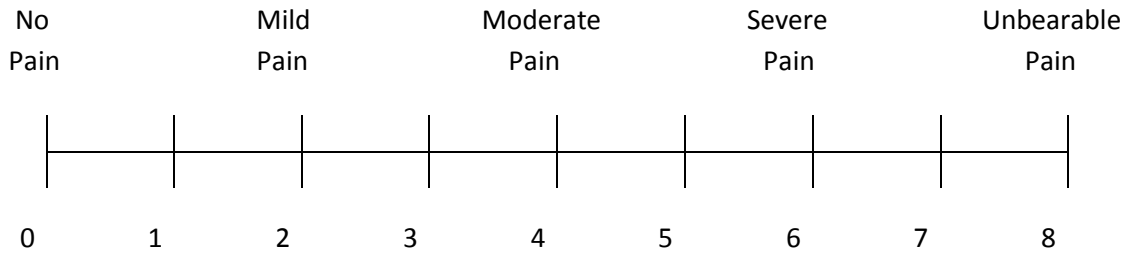
Pain Frequency, Intensity and Burden Scale (P-FIBS)

Indicate how you feel by circling one number on the scale for each question (items 1-4).

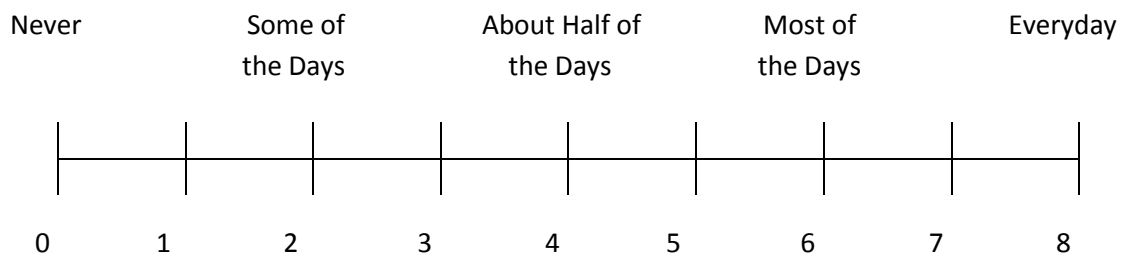
1. How frequently have you experienced pain in the past week?



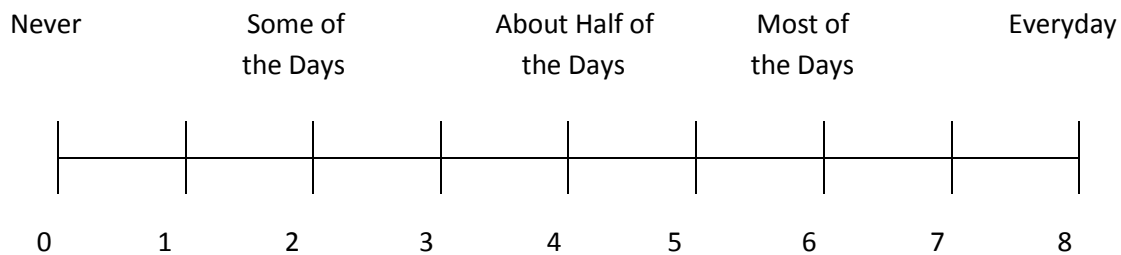
2. How would you rate the intensity of your pain in the past week?



3. How much did pain interfere with your daily life in the past week?



4. How often did you use medication or other treatment to manage your pain in the past week?



Scoring and Display Instructions:

When PFIBS response on Item 1, 2, or 3 is 4 or greater or response on Item 4 is 3 or greater - Display the following message on Follow-up screen suggesting monitoring the patient using the PFIBS. . .

“Since this patient is reporting a significant level of pain - consider using the PFIBS to monitor this patient.”

What to display in measures outcomes section of Follow-up screen:

PFIBS: Pain Burden Score - X (Numeric value of response choice for Item #3).