

# **PATIENT REPORT**

Why are you here – what happened? \_\_\_\_\_

What problems are you having now? \_\_\_\_\_

Any changes in...?

Cognitive functioning \_\_\_\_\_

Physical functioning \_\_\_\_\_

## **BRIEF PAIN INVENTORY-SHORT FORM (BPI-SF)**

☐ Denied Pain

Where? \_\_\_\_\_

Pt. description \_\_\_\_\_

Now: \_\_\_\_\_ /10

Treatment: \_\_\_\_\_

Highest: \_\_\_\_\_ /10

What helps? \_\_\_\_\_

Lowest: \_\_\_\_\_ /10

What makes it worse? \_\_\_\_\_

Average: \_\_\_\_\_ /10

*Pain Severity Score = Mean of the items*

Pain interfering?

General activity ☐

Walking ability ☐

Enjoyment ☐

Sleep ☐

Mood ☐

Relationships w/ others ☐

## **SOMATIC**

How have you been sleeping the last few nights (falling asleep or staying asleep)? \_\_\_\_\_

If problem, is this typical? \_\_\_\_\_

Current appetite: \_\_\_\_\_

## **MOOD**

How would you describe your mood? Now: \_\_\_\_\_ Last couple of days: \_\_\_\_\_

## **PHQ-4 - Over the past two weeks, how often have you been bothered by the following problems:**

	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Feeling nervous, anxious, or on edge	0	1	2	3
4. Not being able to stop or control worrying	0	1	2	3

**Scoring.** Positive for depression if or greater than 3 on the first two items. **RAW** = \_\_\_\_\_ Hopelessness? N Y: \_\_\_\_\_

Positive for anxiety if equal to or greater than 3 for last two items. **RAW** = \_\_\_\_\_ Panic? N Y: \_\_\_\_\_

Have you had any thoughts about killing yourself? N Y

[if yes]: How often: \_\_\_\_\_

Action / Near Action? N Y

Plan: N Y What? \_\_\_\_\_

[if yes]: when? \_\_\_\_\_

Means: type: \_\_\_\_\_

What stops you?: \_\_\_\_\_

Intent: N Y

Over the last few days, have you been irritable? N Y expression (verbal, physical?): \_\_\_\_\_

Has mood interfered with therapies or your recovery? N Y

## **Mental Health History**

In the past, has difficulty with anxiety, depression, or other mental health concerns limited your ability to function or maintain day-to-day responsibilities? \_\_\_\_\_

If yes, sought treatment? N Y

Prior suicide attempt? N Y

Type? \_\_\_\_\_

When? \_\_\_\_\_

Method? \_\_\_\_\_

What happened? \_\_\_\_\_

## **Substance Use History: NIAAA SCREEN**

Prior to coming to the hospital, how often did you have a drink containing alcohol? \_\_\_\_\_

How many times in the past year have you had

5 or more drinks in a day? (M); 4 or more drinks in a day? (F)? \_\_\_\_\_ [IF > 0 ADMINISTER CAGE]

**CAGE**

Have you ever thought you should CUT DOWN on your drinking? N Y  
 Have people ANNOYED you by criticizing your drinking? N Y  
 Have you ever felt bad or GUILTY about your drinking? N Y  
 Have you ever had a drink first thing in the morning to steady your nerves or to get rid on a hangover (EYE-OPENER)? N Y  
 Scoring: 1=suspicious; 2 or more likely dependence

**Other Substances:**

Do you smoke cigarettes? N Y  
 [if YES]: how much? \_\_\_\_\_ / day  
 What about other drugs? Do you use? (marijuana, cocaine, inhalants) N Y  
 If history of chronic pain:  
 Have you ever had to take more than the prescribed dose of pain medication? N Y

**Current Living Situation**

living situation  
 type of dwelling: \_\_\_\_\_  
 other residents: \_\_\_\_\_

**Social History**

educational: highest grade completed \_\_\_\_\_  
 If not 12<sup>th</sup> grade, why not? \_\_\_\_\_  
 learning problems? repeat any years? N Y \_\_\_\_\_  
 get extra help? N Y \_\_\_\_\_  
 vocational: \_\_\_\_\_  
 marital/relationship/children?: \_\_\_\_\_  
 How long do you expect to be in the hospital? \_\_\_\_\_

**Orientation** (Orientation Log: 0-10 Severe; 11-21 Moderate; 22-26 Mild; 27-30 No impairment)

0 1 2 3 City	0 1 2 3 Year	Key: 3=spontaneous/free recall 2=logical cuing 1=multiple choice, phonemic cuing 0=unable, incorrect, inappropriate
0 1 2 3 Kind of Place	0 1 2 3 Day of Week	
0 1 2 3 Name of Hospital	0 1 2 3 Clock Time	
0 1 2 3 Month	0 1 2 3 Etiology/Event	
0 1 2 3 Date	0 1 2 3 Pathology Deficits	

Total: \_\_\_\_\_

*Cog-Log can be administered if the patient scored  $\geq 15$  on the O-Log*

**Cognitive Screening** (Cognitive Log: 0-15 Severe; 16-19 Moderate; 20-24 Mild; 25-30 No impairment)

0 1 2 3 Date (O-Log)	0 1 2 3 Months Backward	Key: 3=spontaneous/free recall 2=logical cuing 1=multiple choice, phonemic cuing 0=unable, incorrect, inappropriate
0 1 2 3 Time (O-Log)	0 1 2 3 Time est. 30-sec.	
0 1 2 3 Name of Hospital (O-Log)	0 1 2 3 F-E-P	
0 1 2 3 Immediate Recall	0 1 2 3 Go/No Go [RGRGGG]	
0 1 2 3 Count 20-1	0 1 2 3 Delayed Recall	

Total: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Time est: 1 =  $\pm$  11-15s 2 =  $\pm$  6-10s 3 =  $\pm$  5s

Monday	John Brown, 42 Market Street, Chicago
Tuesday	Tim Smith, 84 Center Ave, Cleveland
Weds	Sally Jones, 23 North Blvd, Seattle
Thurs	Bill Jackson, 16 Maple Court, Houston
Friday	Judy Wilson, 75 Ocean Avenue, Baltimore
Saturday	Bob Taylor, 37 Main Street, Los Angeles
Sunday	Susan Anderson, 58 River Road, Atlanta