

**CLINICAL OUTCOME MEASUREMENT BRIEF INSTRUMENT (COMBI)**

Patient ID:.....

Date:.....

Inception  or Follow-up  ?

Assessor:.....

**1. Global Impression of Change.**

*“With respect to your \_\_\_ pain, how are you feeling now compared to before you received treatment?” or an equivalent*

Very much worse	Much worse	Minimally worse	No change	Minimally improved	Much improved	Very much improved
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**2. Numeric Rating Scale of Pain Intensity.**

*“Please rate your pain by indicating the number that best describes your average pain in the last 24 hours on a 0 (no pain) to 10 (pain as bad as you can imagine) scale.”*

0	1	2	3	4	5	6	7	8	9	10
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No pain

Pain as bad as you can imagine

**3. The Patient Specified Functional Outcome Scale - Activities of Daily Living.**

*“What are four things in your life that you can’t do, or have difficulty doing, because of your pain, and which **most dearly** you would want restored? These should be simple, realistic, daily life improvements that other people can see most of the time.”*

FOUR ACTIVITIES

RESTORED

- 1. .... NO A BIT A LOT COMPLETELY
- 2. .... NO A BIT A LOT COMPLETELY
- 3. .... NO A BIT A LOT COMPLETELY
- 4. .... NO A BIT A LOT COMPLETELY

**4. Pain, Enjoyment, General Activity (PEG).**

4.1 *“What number best describes your pain, on average, over the past week?”*

No pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as you can imagine

4.2 *“What number best describes how, during the past week, the pain has interfered with your enjoyment of life?”*

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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4.3 "What number best describes how, during the past week, the pain has interfered with your general activity?"

Does not interfere	0	1	2	3	4	5	6	7	8	9	10	Completely interferes
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**5. Other Health Care**

"What other treatment are you taking or receiving for your pain?"

OTC analgesics		Minor tranquilizers		Physiotherapy		Natural therapies	
NSAIDs		Major tranquilizers		Chiropractic		Acupuncture	
Partial opioids		Anti-epileptics		Osteopathy		TCM	
Opioids		Anti-Neuropathic		Massage		Other:	
Antidepressants				Exercises			
Muscle relaxants							

**6. Return to Work**

"Are you working?"

Retired		Home duties		Unable to work		Working PT	
Permanently disabled				Seeking work		Working FT	