

Brief Extremity Rating Index

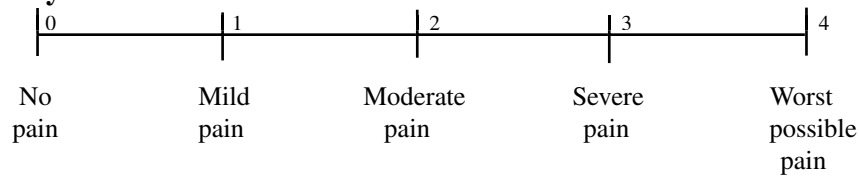
For use with Extremity Problems.

Patient Name _____ Date _____

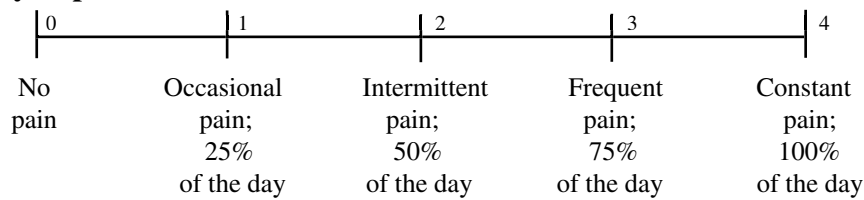
Location of Condition _____

Please circle the number which most closely describes your condition right now.

1. Pain Intensity



2. Frequency of pain



3. Function

