

# Brief Extremity Rating Index

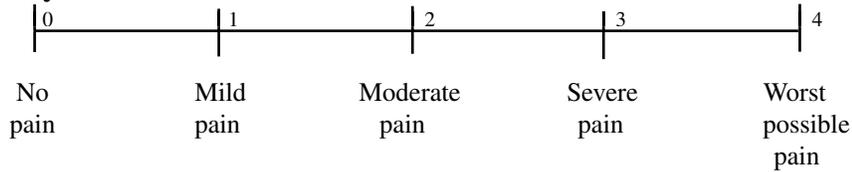
For use with Extremity Problems.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

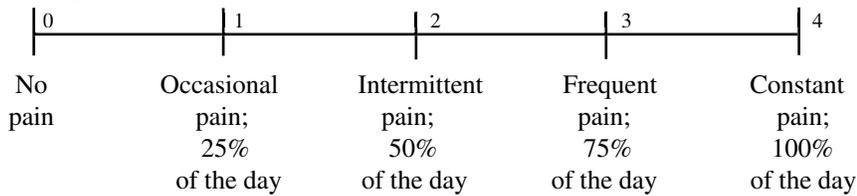
Location of Condition \_\_\_\_\_

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

## 1. Pain Intensity



## 2. Frequency of pain



## 3. Function

