

Initial Pain Assessment Tool

Date: _____

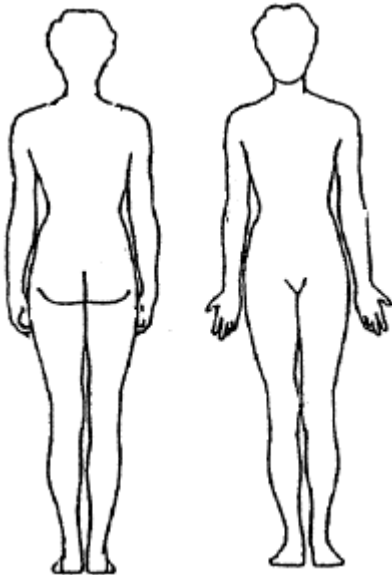
Patient's name: _____ Age: _____

Diagnosis: _____

Physician: _____

Nurse: _____

I. Location: Patient or nurse marks drawing



II. Intensity: Patient rates the pain. Scale used: _____

Present: _____

Worst pain gets: _____

Best pain gets: _____

Acceptable level of pain: _____

III. Quality: (Use patient's own words, e.g., prick, ache, burn, throb, pull, sharp)

IV. Onset, duration, variations, rhythms:

V. Manner of expressing pain:

VI. What relieves the pain?

VII. What causes or increases the pain?

VIII. Effects of pain: (Note decreased function, decreased quality of life.)

Accompanying symptoms (e.g., nausea)_____

Sleep_____

Appetite_____

Physical activity_____

Relationship with others (e.g., irritability)_____

Emotions (e.g., anger, suicidal, crying)_____

Concentration_____

Other_____

IX. Other comments: _____

X. Plan: _____
