

Use this chart to describe your particular level of pain.

PAIN ASSESSMENT CHART

Onset Date: _____
 sudden gradual or ongoing chronic problem?

Pressure: Better or Worse with Physical Pressure?

Temperature:
 Better or Worse with Heat?
 Better or Worse with Cold?

Movement & Rest
 Better or Worse with Movement?
 Better or Worse with Rest?

Describe Quality of Pain: Dull, Sharp, Stabbing, Pinching, Hidden, Cramping, Throbbing, Aching, Heaviness, Bloating, Contracting, Pushing or pulling outward, Fullness, Emptiness Other _____

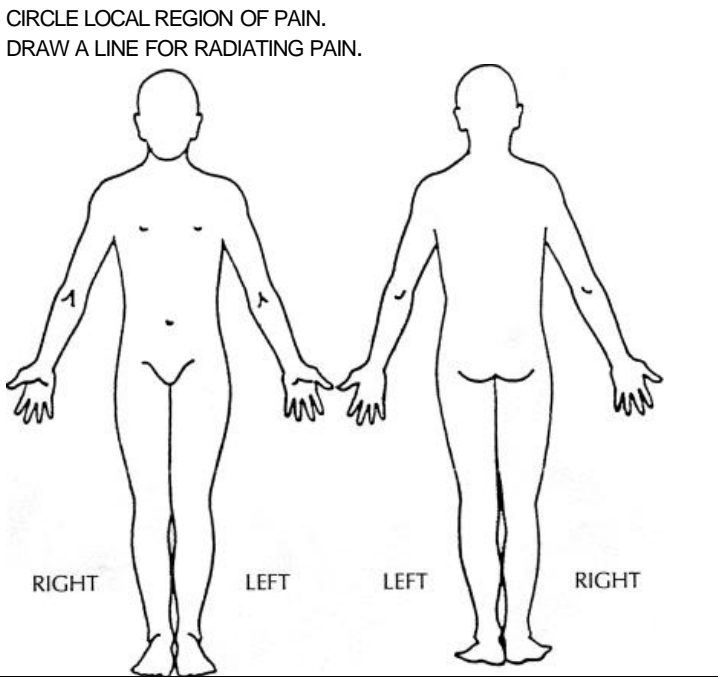
Timing of Pain: Constant, Comes & Goes, Acute, Chronic

Location of Pain: Fixed, Moving, Radiating

Time (History) of Pain:
Pain is: Acute Chronic Constant Comes & Goes.
How long have you experienced this condition? _____
How has condition changed since onset? better worse
 different symptoms _____
Has condition ever happened before? Yes No
Has condition changed since onset? Yes No
If Yes, explain how? _____
Pain is worse during the Daytime Nighttime?

Frequency of Pain: Intermittent Continuous

Describe Pain Medication: Name: _____
Single Dose: _____ (mg)
Single Dose per Day: _____ x per day
Daily use per Week: _____ x per week
Daily use per Month: _____ x per month
Comment: _____



Use the scale below to better estimate the level of the pain you are experiencing:

Remember that pain affects everyone differently and only you know how you feeling. The following scale can help you define the intensity of your pain and describe your discomfort to provide the best treatment.

						<p>If 10 is the worse possible pain you ever felt...</p> <p>Rate the pain experienced now _____</p> <p>Rate the pain at time of onset _____</p> <p>Rate the pain on movement _____</p>					
0	1	2	3	4	5		6	7	8	9	10
NO PAIN	MILD PAIN	MODERATE PAIN	SEVERE PAIN	VERY SEVERE PAIN	WORST POSSIBLE PAIN						
NO PAIN	CAN BE IGNORED	INTERFERES WITH TASKS	INTERFERES WITH CONCENTRATION	INTERFERES WITH BASIC NEEDS	BED REST REQUIRED						

0-1: Very little or barely noticeable pain.

2-3: Pain is present, but you may have to stop and think about it to really tell if it is there or gone. You seem just fairly comfortable.

4-5: You now notice your pain, perhaps at rest or during activity. It may interfere with your activities. Level "4" is the level at which it is a good idea to start introducing some avenues of relief.

6-7: Your pain is distracting you, but you may be able to focus on something else rather than the pain for a short period of time. You may be "gritting your teeth" to carry out activities.

8-9: Your pain may be severe enough that it makes you stop in the middle of an activity, or not be able to complete it at all. It is difficult to think of anything else but your pain at this level. You may be uncomfortable even during rest or quiet times.

10: Your pain is now the worst you can imagine. It is important to remember that the best way to treat the pain is to stay ahead of its increasing intensity, and to maintain a regular schedule of pain relief.

Do not wait for Level "10" before you discuss options with your health care provider.