

INITIAL PAIN ASSESSMENT CHART

Use this chart to describe your pain. **PATIENT NAME:** _____ **TODAY'S DATE:** _____

Pain Onset Date: _____ sudden gradual

Pressure: Better or Worse with physical pressure?

Temperature:

Better or Worse with **Heat**?
 Better or Worse with **Cold**?

Movement vs 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: Acute (*more recent in the past 6 months & occurring suddenly*) Chronic (occurring more than 6 months ago & long-lasting)

Frequency of Pain: Constant, Comes & Goes
Location of Pain: Fixed, Moving, Radiating

History of Pain:

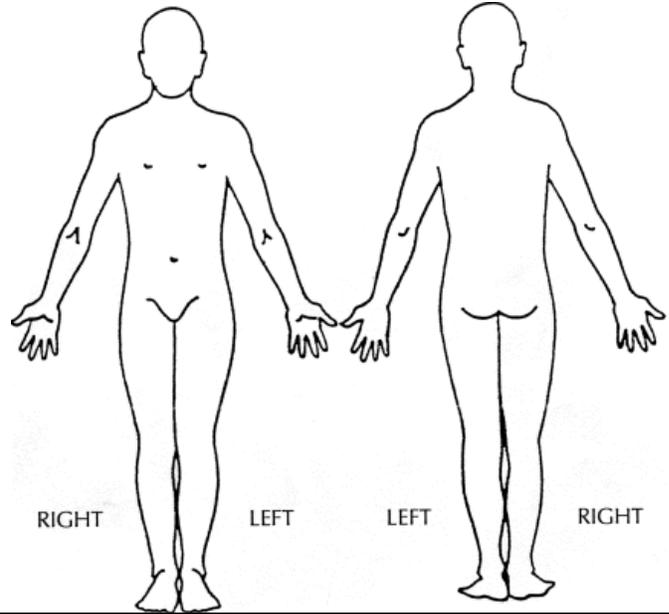
How long have you experienced this condition? _____
 How has condition changed since onset? better worse
 different symptoms _____
 Has condition ever happened before? Yes No
 Has condition changed since onset? Yes No
 If Yes, explain how? _____
 Pain is worse during the Daytime Nighttime?

List How Pain Affects Your Daily Routines

Describe Pain Medication: Name: _____

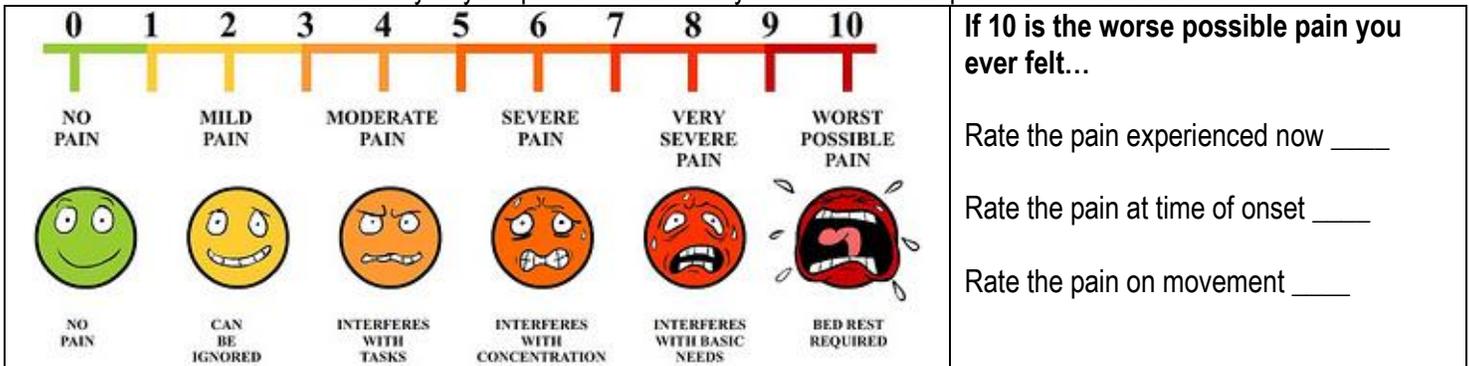
Single Dose: _____ (mg)
 Single Dose per Day: _____ x per day
 Daily use per Week: _____ x per week
 Daily use per Month: _____ x per month
 Comment: _____

CIRCLE LOCAL REGION OF PAIN.
 DRAW A LINE FOR RADIATING PAIN.



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.



If 10 is the worst possible pain you ever felt...

Rate the pain experienced now _____
 Rate the pain at time of onset _____
 Rate the pain on movement _____

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.