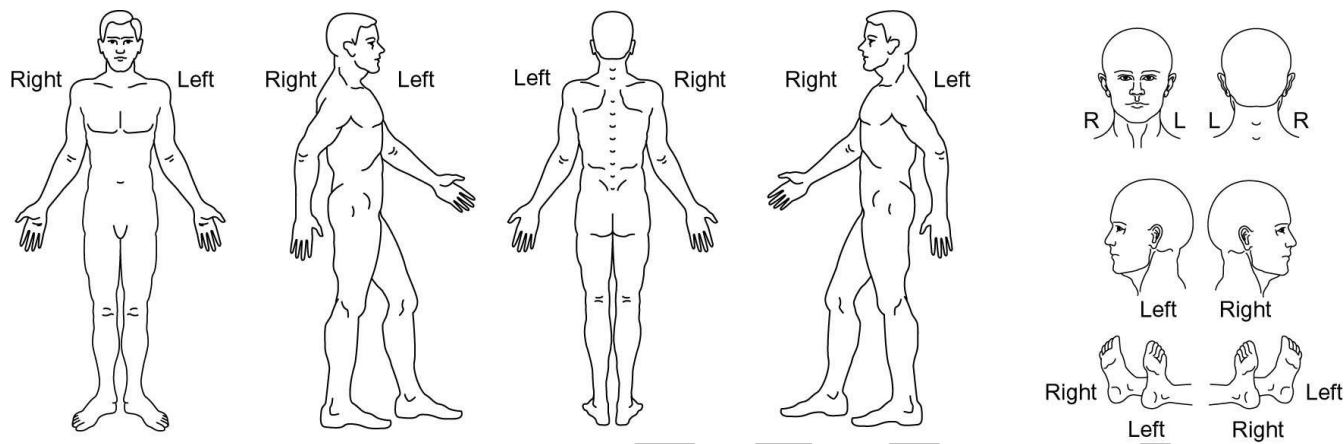


# Initial Pain Assessment Tool

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Physician \_\_\_\_\_ Room \_\_\_\_\_  
Nurse \_\_\_\_\_

**1. Location:** Patient or nurse mark drawing.



**2. Intensity:** Patient rates the pain. Scale used

Present pain: \_\_\_\_\_ Worst pain gets: \_\_\_\_\_ Best pain gets: \_\_\_\_\_ Acceptable level of pain: \_\_\_\_\_

**3. Is this pain constant?** YES; NO IF NOT, HOW OFTEN DOES IT OCCUR? \_\_\_\_\_

**4. Quality:** (For example: ache, deep, sharp, hot, cold, like sensitive skin, sharp, itchy)

**5. Onset, duration, variations, rhythms:**

**6. Manner of expressing pain:**

**7. What relieves pain?**

**8. What causes or increases the pain?**

**9. 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

**10. Other comments:**

**11. Plan:**