Form 1.1 Initial Pain Assessment Tool

Date ______________

Patient’s Name _________________________________________________________

Age ______ Room ___________

Diagnosis _____________________________________________________________

Physician ___________________________ 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: ________________________________________________________________________________________________