

PAIN ASSESSMENT TOOL

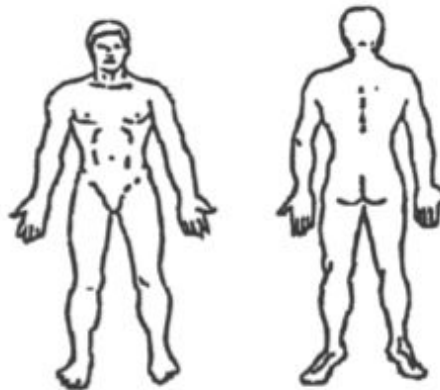
PATIENT NAME _____

ADMISSION # _____

DATE _____

PAIN LOCATION

Indicate on figures all pain sites and label (A, B, C, etc.)



DESCRIPTION OF PAIN

Pain is worse

- Morning
- Afternoon
- Evening
- Night

Onset of Pain

- Acute – 48 hours – 6 months
- Chronic – longer than 6 months

Pain feels better when _____

Pain feels worse when _____

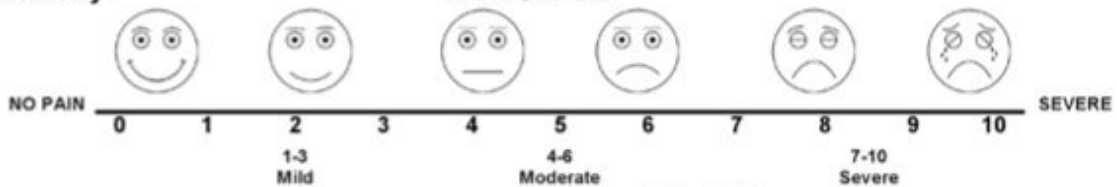
Patient Description of Pain – check all that apply

- Sharp
- Dull
- Ache
- Tingles
- Stings
- Tender
- Throbbing
- Burning
- Other _____

Patient unable to describe/respond

Intensity:

PAIN SCALE



Pain Rating _____

NURSE performing pain assessment _____