Initial Pain Assessment Tool

		Date:
Patient	's name:Age:	Room:
Diagnosis: Physician: _		
	Nurse: _	
I.	Location: Patient or nurse marks drawing	
	Right Left Left Left Left Left Left Right Right Right Left	R L L R Left Right Left Right Left Right
II.	Intensity: Patient rates the pain. Scale used:	
	Present:	
	Worst pain gets:	
	Best pain gets:	
	Acceptable level of pain:	
III.	Quality: (Use patient's own words, e.g., prick, ache, burn, throb, pull, sharp)	
IV.	Onset, duration, variations, rhythms:	
V.	Manner of expressing pain:	
VI.	What relieves the pain?	

VII.	What causes or increases the pain?
III.	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
IX.	Other comments:
X.	Plan:

Note: May be duplicated and used in clinical practice

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