Initial Pain Assessment Tool
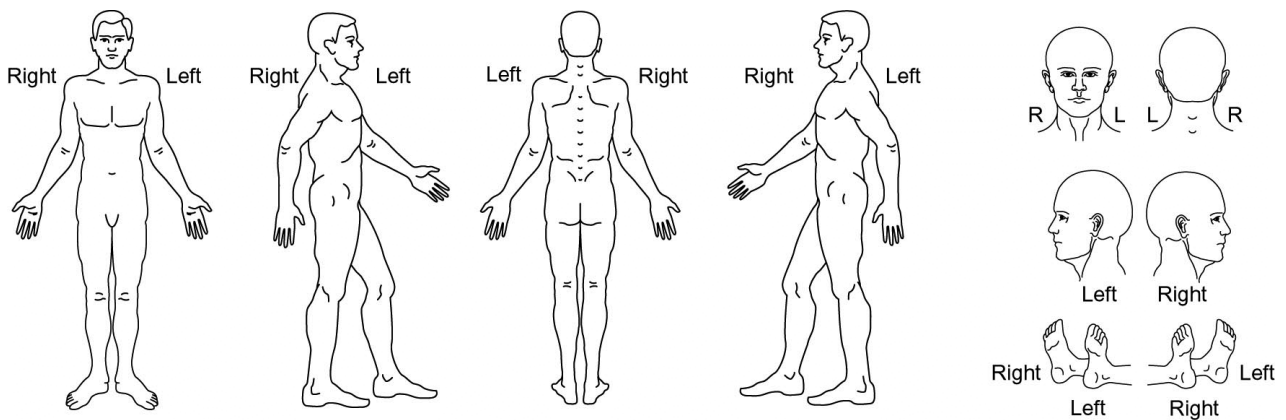
Date: _____

Patient's name:_____Age:_____ Room: _____

Diagnosis: _____ Physician:_____

Nurse: _____

I.   **Location:** Patient or nurse marks drawing

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?** _____

VIII. **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