Pain Assessment Tool

Reason for assessment:
- □ New admission
- □ Readmission
- □ Further Assessment
- □ Change in condition
- □ Quarterly

1. Location of pain:

2. Severity of Pain:

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the present level of pain?</td>
<td></td>
</tr>
<tr>
<td>(if no pain is present complete sections 6 and 7)</td>
<td></td>
</tr>
<tr>
<td>What is the rate when the pain is at its least?</td>
<td></td>
</tr>
<tr>
<td>What makes the pain better?</td>
<td></td>
</tr>
<tr>
<td>What is the rate when the pain is at its worst?</td>
<td></td>
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<tr>
<td>What makes the pain worse?</td>
<td></td>
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<tr>
<td>Is the pain continuous or intermittent?</td>
<td></td>
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<tr>
<td>When did the pain start?</td>
<td></td>
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<tr>
<td>What do you think is the cause of this pain?</td>
<td></td>
</tr>
<tr>
<td>What level of pain are you satisfied with?</td>
<td></td>
</tr>
<tr>
<td>(if 0 is unattainable)</td>
<td></td>
</tr>
</tbody>
</table>

3. Quality: Indicate the words that describe the pain

- □ aching
- □ burning
- □ nagging
- □ pulling
- □ throbbing
- □ tender
- □ hammering
- □ shirts
- □ shooting
- □ exhausting
- □ pins & needles
- □ stabbing
- □ tiring
- □ unbearable
- □ gnawing
- □ penetrating
- □ tingling
- □ sharp
- □ numbing
- □ stretching
4. Effects of pain on activities of daily living

<table>
<thead>
<tr>
<th>Activities of daily living</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>sleep and rest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social activities</td>
<td></td>
<td></td>
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<tr>
<td>appetite</td>
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<td></td>
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<tr>
<td>physical activity and mobility</td>
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<td></td>
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<tr>
<td>emotions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>sexuality/intimacy</td>
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</tbody>
</table>

5. Effects of pain on quality of life

What would you like to do now that you can’t do because of the pain or What activity would improve your quality of life?

________________________________________________________________________

6. Symptoms: What other symptoms are being experienced?

- constipation
- nausea
- vomiting
- fatigue
- insomnia
- depression
- drowsy
- sore mouth
- weakness
- short of breath
- other:

7. Behaviours: What behaviours are present that may be a result of pain or treatment?

- calling out
- restlessness
- disorientation
- not eating
- pacing
- not sleeping
- withdrawn
- groaning/moaning
- rocking
- new immobility
- tense
- distressed
- distracted
- crying
- inexpressive
- fists clenched
- striking out
- knees pulled up
- frowning
- facial grimacing
- resistant to movement
- pulling or pushing away
- sad
- frighten
- other

8. Past pain management

Has a significant degree of pain been experienced in the past? How was that managed?

________________________________________________________________________

Past use of pharmacological and non-pharmacological pain management?

________________________________________________________________________

9. Support system:

________________________________________________________________________

10. Other concerns related to pain

________________________________________________________________________

11. Nursing pain diagnosis:

- visceral
- somatic (muscle or bone)
- raised intracranial pressure
- naturopathic
- mixed
- unknown

Date Care Plan updated: ______________________

Signature: ____________________________ Assessment Date: ______________________