

# Form 1.1 Initial Pain Assessment Tool

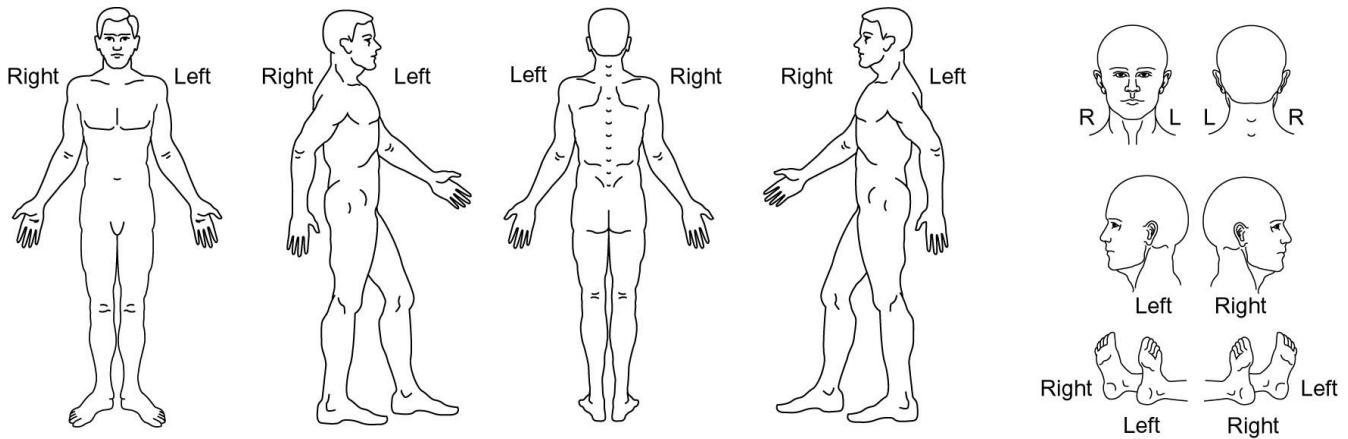
Date \_\_\_\_\_

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: \_\_\_\_\_