

Initial Pain Assessment Tool

Patient's name: _____ Date: _____

Age: _____ Diagnosis: _____

1. Intensity: Rate your pain. Use the scale on the back of this form. _____
Present: _____
Worst pain gets: _____
Best pain gets: _____
Acceptable level of pain: _____
2. Onset of pain, duration, variations: _____

3. Manner of expressing pain: _____
4. What relieves the pain? _____
5. What causes or increases the pain? _____
6. Effects of pain: (ex: decreased function, decreased quality of life) _____

7. Accompanying symptoms (ex: nausea) _____
Sleep _____
Appetite _____
Physical activity _____
Relationship with others (ex: irritability) _____
Emotions (ex: anger, suicidal, crying) _____
Concentration _____
Other _____
8. Other comments: _____

