Pain Assessment Tool				6. What makes the pain worse?		
•	red:/The fo	llowing acceesn	pent is to help you	e e	□ Moving	☐ Eating
Instructions to complete assessment: The following assessment is to help you evaluate any pain experienced.			7. Is your pain worse at a particular time of day? When?			
	ne area of pain on the drawin	•	more than one pain,			
	C, etc. and describe your pai	in in the box:				
Identification of a	areas of pain:			8. What makes the pa	in hottar?	
A.				☐ Heat/cold	☐ Distraction	☐ Medication ☐ Massage
				☐ Lying still		☐ Changing position
В.				, ,		
				9. What pain medicat	ions are you present	ly taking?
C.			1) 4) Y / P	•	• •	,
C.				2.		
D.						
2. How would yo	ou rate your overall pain?			5		
Use the scale b	pelow where 0 = no pain and	10 = severe pai	n.	10. What medications	s have helped to cont	rol your pain?
No pain			Severe	1		
1 2 3	3 4 5 6	7 8	9 10	2		
3. How and when	n did your pain begin?			3		
				4		
4. Check the wor	ds that best describe the kind	d of pain you h	ave·	11. What medications		
☐ Dull ache		□ External	☐ Pins & needles		-	
☐ Internal	O	☐ Burning	☐ Cramping	2		
\square Throbbing	☐ Other (describe):	•	1 0			
5. How long does	s the pain usually last?					
☐ Seconds	•	☐ Minutes	☐ Constant	4		

12. Has the pain of	or treatment produced	d any other effects	s?	
☐ Nausea	☐ Drowsiness	☐ Anxiety	☐ Unclear thinking	
☐ Constipation	☐ Disturbed sleep	□ Dizziness	□ Diarrhea	
☐ Changes in mo	od	☐ Loss of appetite		
☐ Other (describe	e):			
13. How has the pa	ain affected your daily	activities (eg. bat	hing, sleeping, eating)?	
14. How has the pa	ain affected you life (e	g. finances, job, fa	mily relationships)?	
From Registered Nurses A Nursing Best Practice Gui	Association of Ontario. ideline: Assessment and Manag	ement of Pain. 2007.		

Instructions on how to interpret assessment: Please detach this assessment sheet and bring it to your doctor, so they will be able to find the best way to help alleviate your pain