Pain Assessment Tool

Date completed: ____/____/____

Instructions to complete assessment: The following assessment is to help you evaluate any pain experienced.

1. Please mark the area of pain on the drawing. If you have more than one pain, label them A, B, C, etc. and describe your pain in the box:

Identification of areas of pain:
A.
B.
C.
D.

2. How would you rate your overall pain?
Use the scale below where 0 = no pain and 10 = severe pain.

<table>
<thead>
<tr>
<th>No pain</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

3. How and when did your pain begin?

4. Check the words that best describe the kind of pain you have:

☐ Dull ache ☐ Stabbing ☐ External ☐ Pins & needles
☐ Internal ☐ Sharp ☐ Burning ☐ Cramping
☐ Throbbing ☐ Other (describe):

5. How long does the pain usually last?

☐ Seconds ☐ Hours ☐ Minutes ☐ Constant

6. What makes the pain worse?

☐ Walking ☐ Moving ☐ Eating
☐ Other (describe):

7. Is your pain worse at a particular time of day? When?

8. What makes the pain better?

☐ Heat/cold ☐ Distraction ☐ Medication ☐ Massage
☐ Lying still ☐ Relaxation ☐ Changing position
☐ Other (describe):

9. What pain medications are you presently taking?

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

10. What medications have helped to control your pain?

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________

11. What medications have not helped?

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
12. Has the pain or treatment produced any other effects?
☐ Nausea ☐ Drowsiness ☐ Anxiety ☐ Unclear thinking
☐ Constipation ☐ Disturbed sleep ☐ Dizziness ☐ Diarrhea
☐ Changes in mood ☐ Loss of appetite
☐ Other (describe): __________________________

13. How has the pain affected your daily activities (eg. bathing, sleeping, eating)?

________________________________________________________________________

14. How has the pain affected you life (eg. finances, job, family relationships)?

________________________________________________________________________

From Registered Nurses Association of Ontario.
Nursing Best Practice Guideline: Assessment and Management 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.

Emotion Thermometers

Date completed: ____/____/____

Instructions to complete assessment: The following assessment is to help you or your family members or friends evaluate the extent to which you or they are emotionally upset.

1. In the first four columns or thermometers, please circle the number that best describes how much emotional upset you have been experiencing in the past week, including today. In the last column please indicate how much you need help for these concern:

1. Distress
2. Anxiety
3. Depression
4. Anger
5. Help

Instructions to interpret assessment: If you scored a 4 and above on any of these thermometers, please detach this sheet and communicate your assessment with your health professional.