

Pain Assessment Form



General Assessment for: _____

Date: _____

<p>1. What type of pain do you have? (circle the one that applies)</p>	<p>Intermittent pain (I feel pain sometimes but I am pain-free at other times).</p> <p>Variable pain (“background” pain all the time: but, also moments of more pain, severe “breakthrough” pain or varying types of pain).</p> <p>Stable pain (constant pain that does not change very much from one moment to another, and no pain-free periods).</p>																						
<p>2. On a scale from 1 to 10, How would you rate your pain? 10 = worst possible pain 0 = no pain.</p>	<table border="0"> <tr> <td colspan="3">No Pain</td> <td colspan="4">Moderate Pain</td> <td colspan="4">Worst Possible Pain</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> </table>	No Pain			Moderate Pain				Worst Possible Pain				0	1	2	3	4	5	6	7	8	9	10
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<p>3. Where is your pain located?</p>																							
<p>4. What is your pain diagnosis?</p>																							
<p>5. What relieves your pain?</p>																							
<p>6. What causes or increases your pain?</p>																							
<p>7. Do you have a pain specialist?</p>																							