

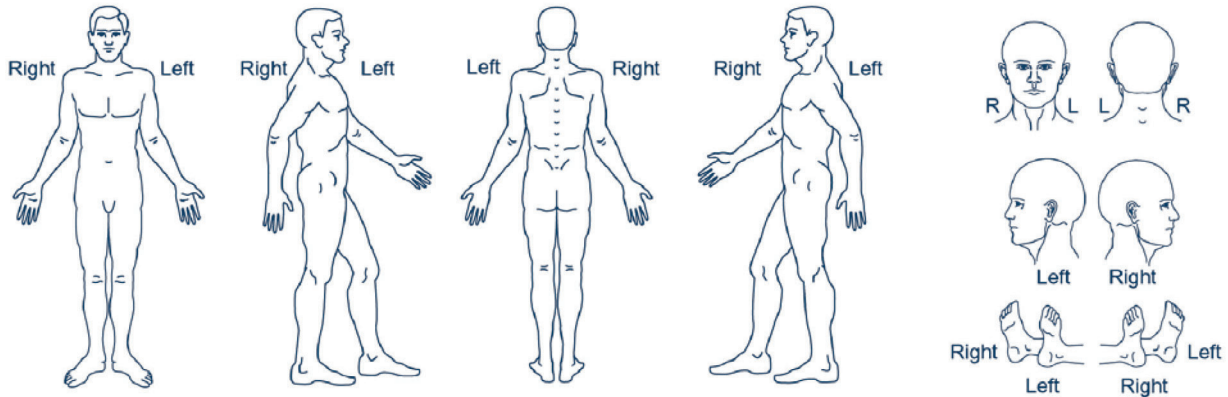
Initial Pain Assessment Tool

Patient's Name: _____ Date: _____

Age: _____ Room: _____ Diagnosis: _____

Physician: _____ Nurse: _____

1. Location: Patient or nurse marks drawing



2. Intensity: Patient rates the pain. Scale used: _____

Present: _____ Worst pain gets: _____

Best pain gets: _____ Acceptable level of pain: _____

3. Quality: (Use patient's own words, e.g., prick, ache, burn, throb, pull, sharp) _____

4. Onset, duration, variations, rhythms: _____

5. Manner of expressing pain: _____

6. What relieves the pain? _____

7. What causes or increases the pain? _____

8. Effects of pain: (Note decreased function, decreased quality of life.) _____

Accompanying symptoms: (e.g., nausea) _____ Relationship with others: (e.g., irritability) _____

Sleep: _____ Emotions: (e.g., anger, suicidal, crying) _____

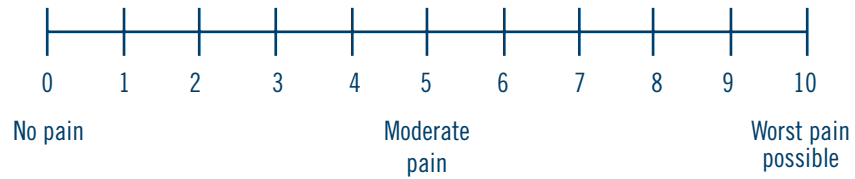
Appetite: _____ Concentration: _____

Physical activity: _____ Other: _____

9. Other comments: _____

10. Plan: _____

0-10 Numeric Pain Intensity Scale*



*If used as a graphic rating scale, a 10-cm baseline is recommended.

From: *Acute Pain Management: Operative or Medical Procedures and Trauma*, Clinical Practice Guideline No. 1. AHCPR Publication No. 92-0032; February 1992. Agency for Healthcare Research & Quality, Rockville, MD; pages 116-117.

Pain Disability Index

The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience.

A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

Family/Home Responsibilities: This category refers to activities of the home or family. It includes chores or duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving the children to school).

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Recreation: This category includes hobbies, sports, and other similar leisure time activities.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Social Activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Occupation: This category refers to activities that are a part of or directly related to one's job. This includes nonpaying jobs as well, such as that of a housewife or volunteer worker.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Sexual Behavior: This category refers to the frequency and quality of one's sex life.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Self-Care: This category includes activities that involve personal maintenance and independent daily living (e.g., taking a shower, driving, getting dressed, etc.)

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Life-Support Activity: This category refers to basic life-supporting behaviors such as eating, sleeping and breathing.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability