Initial Pain Assessment

Patients Name _____   **Date_____**

Assessed by _____

Patients own description of pain/s (including pain score on 1st assessment
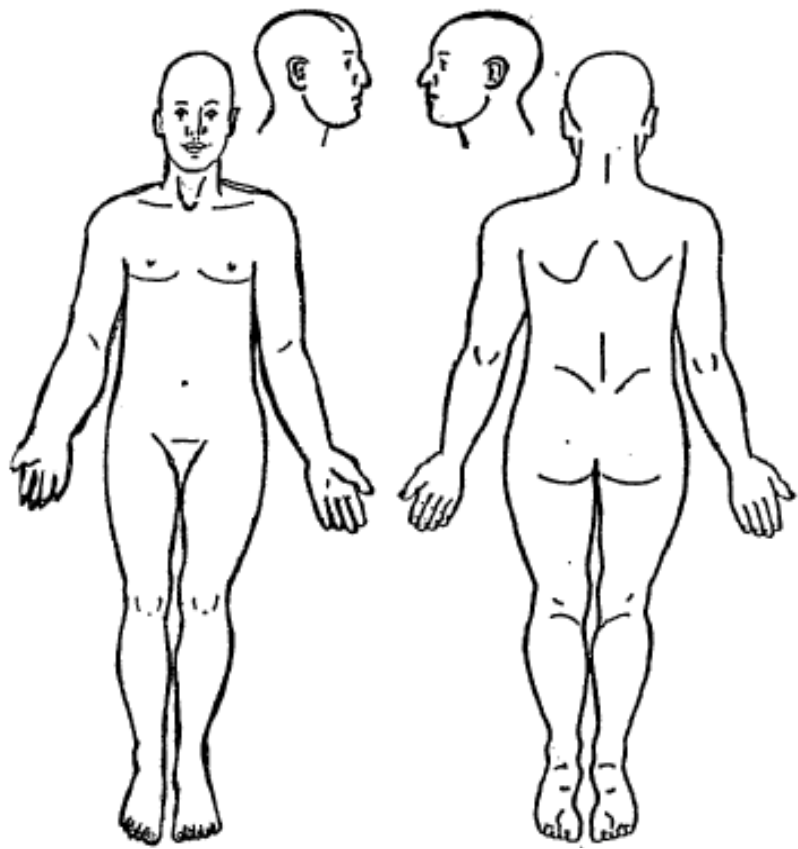
Summary of pain/s history
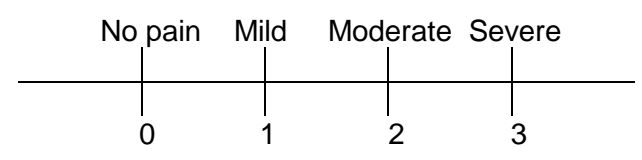
What makes pain better?

What makes pain worse?

Aims of pain management

Allocate each site of pain a letter (A, B etc)

Words to describe pain

No pain   Mild   Moderate   Severe

Tender, Crushing, Squeezing, Stabbing, Sharp, Electric shock, Aching, Sore
Burning, Continuous, Intermittent, Occasional, Throbbing, Dull, Discomfort

0   1   2   3

Continuous Pain Assessment

Name _____

Date and Time	Pain, Location A or B etc	Pain Rating 0 - 3	Description of Pain	Patient Behaviour eg Restless Sleepy Calm	Intervention	Pain Rating after intervention		Evaluation/Comments	Signature
						Time	0 - 3		