

## ***Initial Pain Assessment Record***

**Purpose :** Recording of objective and subjective description of pain

**Admin time :** 5 - 10 min

**User Friendly :** High

**Administered by :** GP or nurse

**Content :** Objective and subjective details, including mapping

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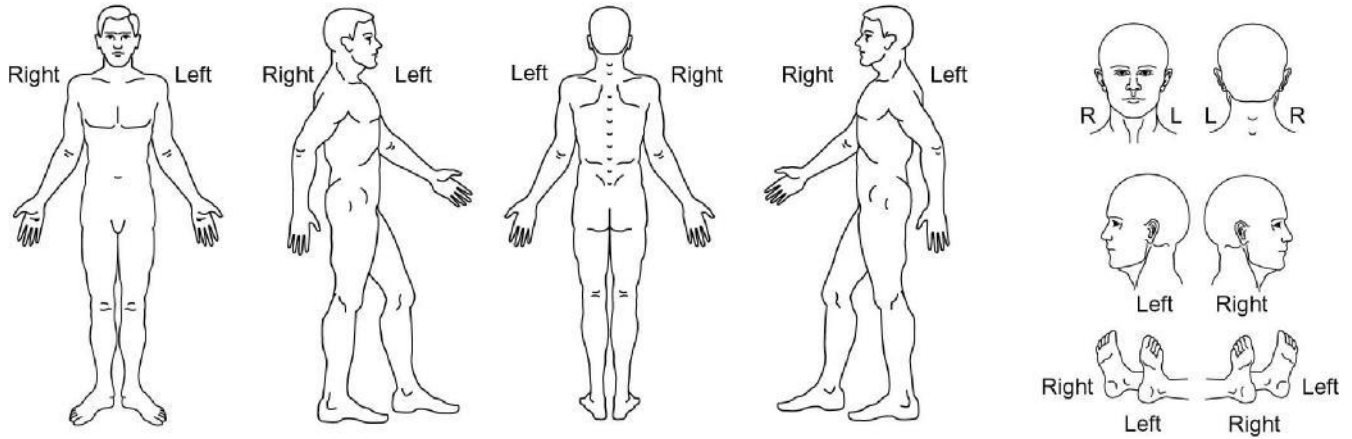
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<https://www.cgakit.com/m-5-initial-pain-assessment>

# Initial Pain Assessment Record

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_



1. LOCATION: Patient or nurse mark location of pain in diagram above
2. INTENSITY: Patient rates the pain. on a scale of 1-10 :  
 Present pain: \_\_\_\_\_ Worst pain gets: \_\_\_\_\_ Best pain gets: \_\_\_\_\_ Acceptable level of pain: \_\_\_\_\_:
3. IS THIS PAIN CONSTANT? \_\_\_\_\_ YES; \_\_\_\_\_ NO  
 IF NOT, HOW OFTEN DOES IT OCCUR? \_\_\_\_\_
4. QUALITY: (For example: ache, deep, sharp, hot, cold, like sensitive skin, sharp, itchy) \_\_\_\_\_
5. ONSET, DURATION, VARIATIONS, RHYTHMS: \_\_\_\_\_
6. MANNER OF EXPRESSING PAIN: \_\_\_\_\_
7. WHAT RELIEVES PAIN? \_\_\_\_\_
8. WHAT CAUSES OR INCREASES THE PAIN? \_\_\_\_\_
9. EFFECTS OF PAIN: (Note decreased function, decreased quality of life.)
  - Accompanying symptoms (e.g., nausea) \_\_\_\_\_
  - Sleep \_\_\_\_\_
  - Appetite \_\_\_\_\_
  - Physical activity \_\_\_\_\_
  - Relationship with others (e.g., irritability) \_\_\_\_\_
  - Emotions (e.g., anger, suicidal, crying) \_\_\_\_\_
  - Concentration \_\_\_\_\_
  - Other \_\_\_\_\_
10. OTHER COMMENTS: \_\_\_\_\_