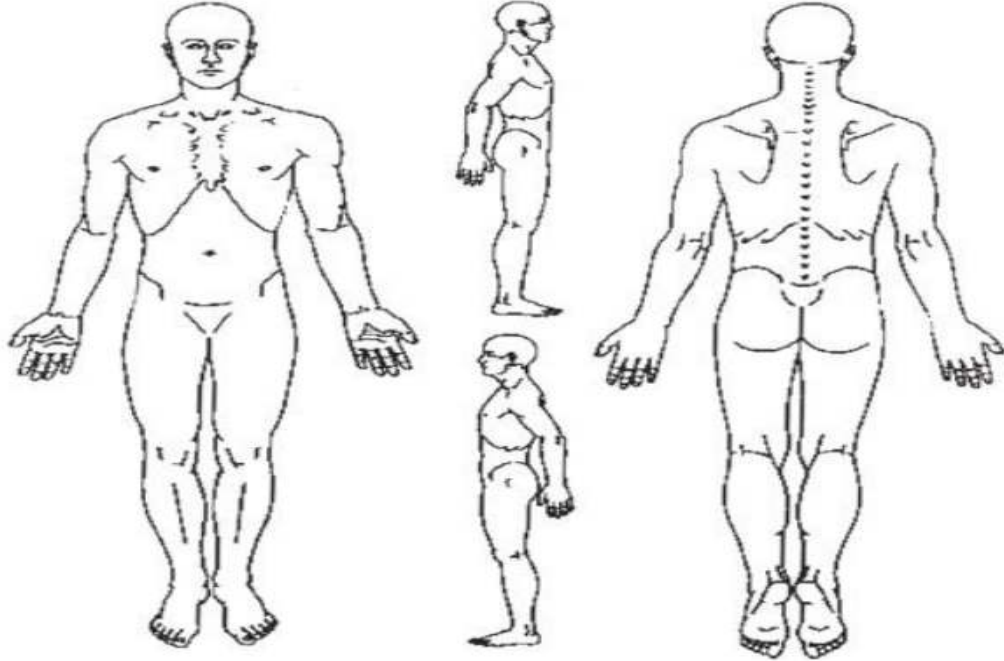


PAIN ASSESSMENT TOOL

Patient Name: _____

Date: _____

Pain Location



DESCRIPTION OF PAIN

Pain is worse

- Morning
- Afternoon
- Evening
- Night

Onset of Pain

- Acute - 48 hours - 6 months
- Chronic - longer than 6 months

Pain feels better when _____

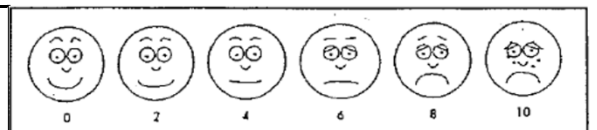
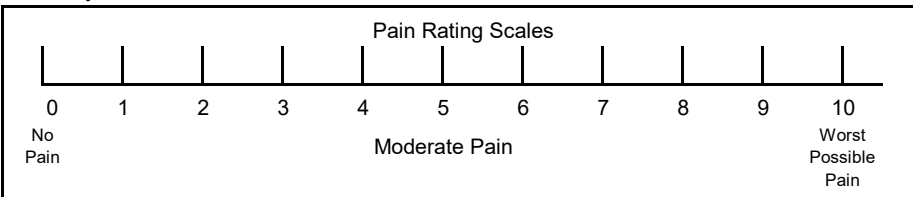
Pain feels worse when _____

Patient Description of Pain - Check all that apply

- Sharp
- Dull
- Ache
- Tingles
- Stings
- Tender
- Throbbing
- Burning
- Other: _____

Patient unable to describe/respond

Intensity:



Pain Rating: _____

Nurse performing pain assessment: _____

BAR CODE



AS1461

Valley Health
SURGERY and REHAB HOSPITAL
A Member of The Valley Health System

Pain Assessment
(PMM# 55848) (R 7/21) (FOD)

PATIENT IDENTIFICATION