Pain Assessment Record

Patient name: Date:

How long have you been experiencing this pain condition?

The pain is: ☐ Episodic ☐ Continuous

Pain frequency – How often do you get this pain?

☐ More than hourly ☐ Daily ☐ Every couple of days
☐ Hourly ☐ Monthly ☐ Other

Pain duration – How long does the pain usually last?

☐ Seconds ☐ Hours ☐ Weeks
☐ Minutes ☐ Days ☐ Months

Pain modifying factors – When is the pain more likely to occur?

☐ During the day? ☐ After being still? ☐ Lying down?
☐ Sitting? ☐ When moving?
☐ Standing? ☐ At night?
☐ After doing certain activities. If so, what activities?

☐ **Are there any triggers or aggravating factors?** If so, what are they?

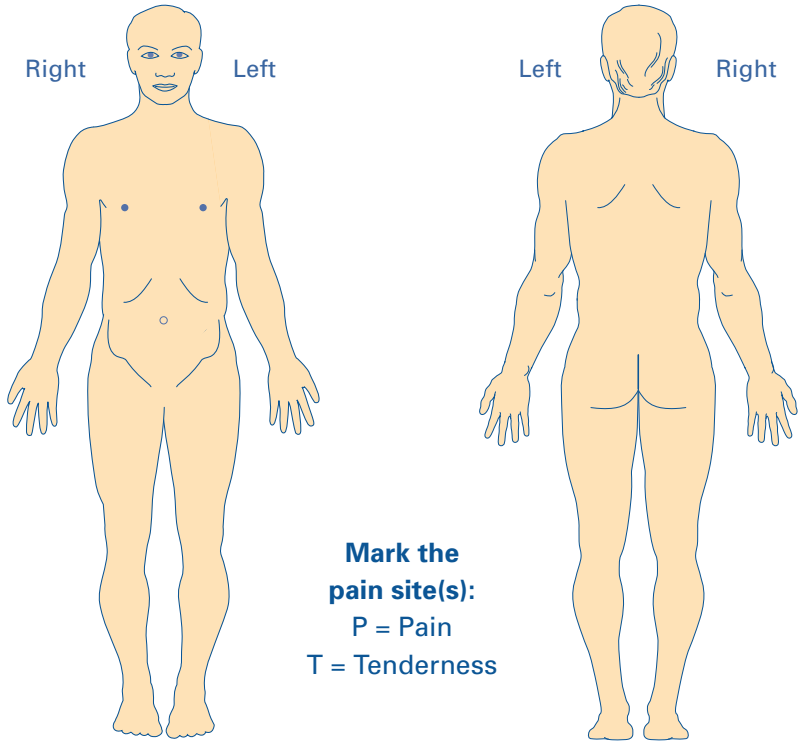
Is your condition:

☐ Improving? ☐ Staying the same? ☐ Getting worse?

Pain characteristics:

☐ Sharp ☐ Tingling ☐ Stabbing ☐ Throbbing ☐ Numbness
☐ Aching ☐ Shooting ☐ Dull ☐ Burning ☐ Itching
☐ Cramping ☐ Stiffness ☐ Swelling ☐ Other (please describe):

Location of the pain



Mark the pain site(s):
P = Pain
T = Tenderness

Associated symptoms – at or near the site:

☐ Swelling ☐ Redness ☐ Warmth ☐ Itching ☐ Inflammation

Associated symptoms – general:

☐ Irritability ☐ Fatigue ☐ Depression ☐ Nausea ☐ Diarrhoea
☐ Sensitivity to light or noise ☐ Other (please describe):

Pain Assessment Record (continued)

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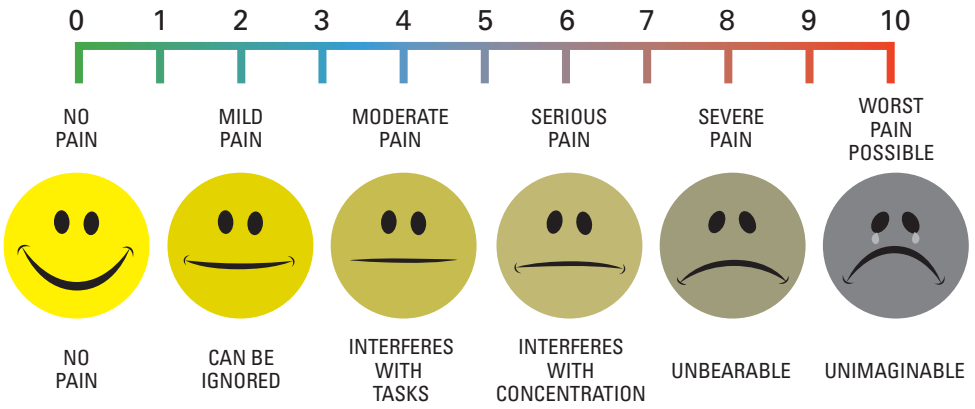
How does your pain interfere with:

Your work?

Your home activity?

Sleep?

Pain severity:



Previous attempts at pain management:

Pain management attempts may include: • rest • elevation • exercise • pressure • warm baths • heat pack • ice pack • medication • lotions • physiotherapy • chiropractic • massage • meditation • TENS • surgery

Type of treatment	Approx. date	Success rating, score out of 10

Temporal profile – On a typical pain day, what is the pattern of severity through the day?