

Pain Assessment Chart

Service User: _____ Reference: _____ Date of Assessment: _____

A: DESCRIPTIVE DETAILS

Can you describe the pain?

What makes the pain worse?

What makes the pain better?

DESCRIPTIVE WORDS

Throbbing	Squeezing
Cutting	Annoying
Burning	Unbearable
Stinging	Radiating
Aching	Nauseating
Tiring	Stabbing
Blinding	Crushing
Intense	Smarting
Penetrating	Hurting
Nagging	Splitting
Shooting	Sore
Gnawing	Miserable
Searing	Spreading
Dull	Piercing
Tender	Torturing
Comfortable	Pain-free
Coping	Relaxed
Electric Shock	Happy
Discomfort	Content

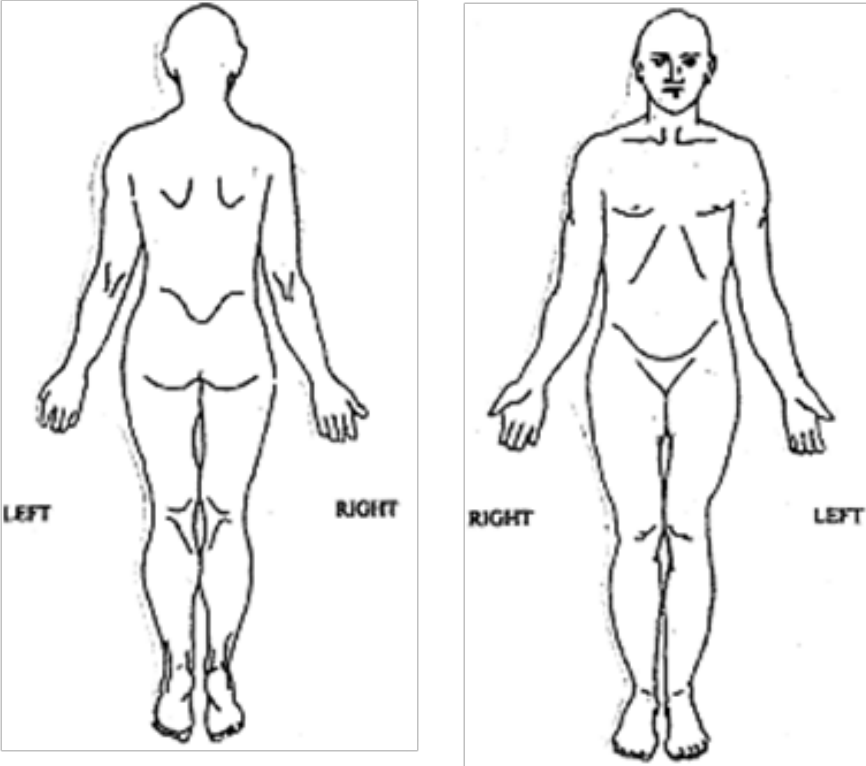
Service User: _____

Reference: _____

Date of Assessment: _____

A: DESCRIPTIVE DETAILS		
Date	EVALUATION	Signature

WHERE IS THE PAIN?
(Mark with "A", "B", "C" etc)



0 1 2 3 4 5 6 7 8 9 10
NONE SEVERE