

INITIAL PAIN RATING TOOL  
(Use in conjunction with Pain Flow Sheet)

Pain  No Pain

Date of Onset \_\_\_\_\\_\_\_\_\\_\_\_\_

Diagnosis: \_\_\_\_\_

Diagram of anatomical position  
could not be replicated.

Locations: (Indicate on Drawing) \_\_\_\_\_

Pattern: Constant \_\_\_\_\_ Intermittent \_\_\_\_\_ Other \_\_\_\_\_

Intensity: Patient rates the pain on 0-10 scale

At this time:	1	2	3	4	5	6	7	8	9	10
Worse pain gets:	1	2	3	4	5	6	7	8	9	10
Best pain gets:	1	2	3	4	5	6	7	8	9	10

How does patient describe pain:

- Shooting       Prick             Throb
- Ache             Pull             Dull
- Burn             Sharp         Other \_\_\_\_\_

What relieves pain?

Medication \_\_\_\_\_

- Eating             Massage       Relaxation techniques
- Rest               Heat             Other \_\_\_\_\_
- Sleep              Cold            \_\_\_\_\_
- Repositioning  Exercise      \_\_\_\_\_

What causes pain to increase?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate how pain affects:

(Note – decreased function, decreased quality of life.)

Sleep	_____
Mood	_____
Activity	_____
Nutrition	_____
Elimination	_____
Social Interaction	_____
Self Image	_____
Sexuality	_____

Is there anything else you want to tell me about the pain? (Use patient's own words)

\_\_\_\_\_  
Initials of Nurse Completing Form

