Pain Assessment Form



General Assessment for:	Date:
	Intermittent pain (I feel pain sometimes but I am pain-free at other times).
What type of pain do you have? (circle the one that applies)	Variable pain ("background" pain all the time: but, also moments of more pain, severe "breakthrough" pain or varying types of pain).
	Stable pain (constant pain that does not change very much from one moment to another, and no pain-free periods).
2. On a scale from 1 to 10, How would you rate your pain?	No Pain Moderate Pain Worst Possible Pain
10 = worst possible pain 0 = no pain.	0 1 2 3 4 5 6 7 8 9 10
3. Where is your pain located?	
4. What is your pain diagnosis?	
5. What relieves your pain?	
6. What causes or increases your pain	?

7. Do you have a pain specialist?