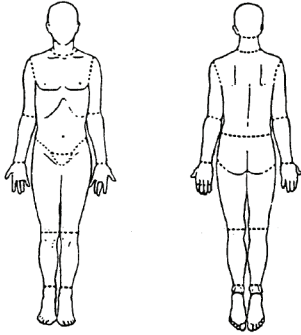


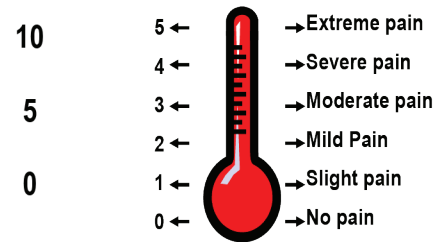
**Residential Care  
PAIN ASSESSMENT TOOL FOR THE VERBALLY  
RESPONSIVE**

Site: \_\_\_\_\_

1. Where is your worst pain? (point to the spot) \_\_\_\_\_
2. Where else do you have pain or discomfort? \_\_\_\_\_



Pain Assessment Tool



3. **Onset** - When did the pain start? \_\_\_\_\_
4. **Pattern** - What makes the pain(s) better? \_\_\_\_\_ worse? \_\_\_\_\_
5. **Quality** - How would you describe your pain(s)? – Throbbing , shooting , numbness , stabbing , sharp , dull , aching , burning , pins and needles , grinding .
6. **Radiating** - Does the pain(s) spread to other areas? \_\_\_\_\_
7. **Severity** - How would you rate your pain(s), 0-10, 0-5 scale  Descriptions  Faces
8. **Timing** - Is the pain(s): Constant?  Come and go?  Only with movement?
9. **Understanding** - What do you think causes the pain(s)? \_\_\_\_\_
10. **Value** - What is your acceptable comfort level? \_\_\_\_\_
11. What medications do you use? \_\_\_\_\_
- Do they help? \_\_\_\_\_
12. What have you used in the past? \_\_\_\_\_
14. Does your pain(s) affect your: Sleep  Appetite  Activity  Mood  Other
15. Do you have any concerns about taking pain medications? Yes  No
- If yes, describe: \_\_\_\_\_

Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_ Assessment Date: \_\_\_\_\_