

Pain Inventory Handout

Name: _____ DOB: _____ Date: _____

PAIN ASSESSMENT

Location of pain: _____

Quality of pain: _____ improving _____ worsening _____ stable _____ intermittent _____ constant _____ stabbing _____ sharp _____ dull _____ throbbing _____ shooting _____ aching _____ burning	Pain made worse by: _____ physical activity _____ standing _____ walking _____ bending _____ sitting _____ coughing _____ sneezing _____ stress _____ weather changes	Pain better with: _____ medication _____ rest _____ PT _____ injections _____ heat _____ ice _____ acupuncture _____ massage _____ spinal manip. _____ TENS
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	No	Worst
	<u>Pain:</u>	<u>Pain Ever:</u>
Brief Pain Inventory:	Worst pain in the last 24 hours is rated as:	0 1 2 3 4 5 6 7 8 9 10
	Least pain in the last 24 hours is rated as:	0 1 2 3 4 5 6 7 8 9 10
	Average pain rated as:	0 1 2 3 4 5 6 7 8 9 10
	Currently pain is rated as:	0 1 2 3 4 5 6 7 8 9 10

Adverse Drug Effects/Tolerability (circle all that apply):

Adverse drug effects include:

- constipation
- nausea
- sleepiness
- dizziness
- none

Relief from medication in the last 24 hours has been: 0 10 20 30 40 50 60 70 80 90 100%

Activity/Pain Disability Index (*0 = no disability due to pain *10 = completely disabled from activity due to pain)

Family/home responsibilities	0 1 2 3 4 5 6 7 8 9 10
Recreation	0 1 2 3 4 5 6 7 8 9 10
Social activity	0 1 2 3 4 5 6 7 8 9 10
Occupation	0 1 2 3 4 5 6 7 8 9 10
Sexual behavior	0 1 2 3 4 5 6 7 8 9 10
Self-care	0 1 2 3 4 5 6 7 8 9 10
Life-support activities	0 1 2 3 4 5 6 7 8 9 10