**Pain Assessment Form**

**Child Pain Assessment**

Use with children as young as three (3). Explain to child which face is indicative of pain.

- **0**: No Hurt
- **1**: Hurts Little Bit
- **2**: Hurts Little More
- **3**: Hurts Even More
- **4**: Hurts Whole Lot
- **5**: Hurts Worst

---

**Adult Pain Assessment**

Choose a number from 0 to 10 that best describes your pain.

- **0**: No Pain
- **1**: Distressing Pain
- **9**: Unbearable Pain

---

**Past Pain Experience(s)**

**How Communicated?**

**How Relieved?**

---

**Note:**

- Patient must be educated on how to identify and describe pain.
- Location: Where is your pain located? Patient or provider mark drawing.

---

© 2003 Healthcare Inspirations. All rights reserved. Form cannot be reproduced without permission. (877) 646-5877 www.healthcareinspirations.com
**PAIN DESCRIPTION:** Have patient describe pain in own words, e.g.  
__ Ache __ Burn __ Throb __ Pull __ Sharp

Please Explain:

**ONSET AND DURATION:** Include duration variations, rhythms:

**PRESENT PAIN MANAGEMENT REGIMEN & ITS EFFECTIVENESS:**

**SIDE EFFECTS OF PAIN MEDICATION:**

**WHAT CAUSES OR INCREASES THE PAIN?**

**WHAT RELIEVES THE PAIN?**

**EFFECTS OF PAIN:** (Note decreased function, decreased quality of life.)  
__ Accompanying symptoms (e.g. nausea) __ Sleep __ Appetite __ Physical Activity __ Concentration  
__ Relationships with others (e.g. irritability) __ Emotions (e.g. anger, sadness, crying)  
__ Other:

**PATIENT'S PAIN GOAL:** (include pain intensity, functions, activities, and quality of life.)

**FORM COMPLETED BY:**

**DATE COMPLETED:**