

Pain Assessment

Directions:

First, gather the client's basic information and medical history. Then, use the PQRSTU pain assessment method and the Wong-Baker Faces Pain Rating Scale to systematically evaluate and measure the client's pain. Additionally, ask the client additional questions to gather more information about the nature, duration, and impact of their pain.

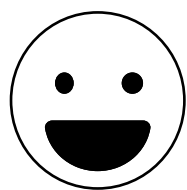
Client Information	
Name:	
Age:	
Gender:	

Pain Assessment Method

PQRSTU	Description/Questions
P - Provocation/Palliation	What makes the pain better or worse? What activities or movements exacerbate or alleviate the pain?
Q - Quality	How would you describe the pain? Is it sharp, dull, aching, burning, or stabbing?
R - Region/Radiation	Where is the pain located? Does it radiate to other parts of the body?
S - Severity	On a scale of 0-10, how severe is the pain?
T - Timing	When did the pain start? How long does it last? Does it occur at a certain time of day or in response to specific activities?
U - Understanding/Impact	How does the pain affect your daily life and activities? What do you think is causing the pain?

Wong-Baker Faces Pain Rating Scale

Please select the face that best represents the intensity of your pain:



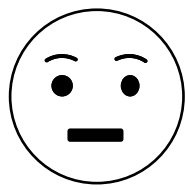
0

No hurt



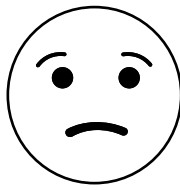
2

Hurts
little bit



4

Hurts
little more



6

Hurts even
more



8

Hurts
whole lot



10

Hurts
worst

Additional Questions	
Onset	When did the pain start? Was there a specific event that triggered the pain?
Location	Where is the pain located? Does it radiate to other areas of the body?
Duration	How long has the pain been present? Is it constant, or does it come and go?
Aggravating/Alleviating Factors	What makes the pain worse or better? What activities or movements exacerbate or alleviate the pain?
Radiation	Does the pain radiate to other parts of the body?
Timing	When does the pain occur? Is it constant, or does it occur at a certain time of day or in response to specific activities?
Emotions	How does the pain make you feel emotional?
Medications	Have you taken any medication for the pain? If so, what and did it help?

Additional Questions	
Previous Treatments	Have you had any treatments for the pain in the past? If so, what were they, and did they help?
Allergies	Do you have any allergies to medication?
Other Symptoms	Are there any other symptoms that you are experiencing in addition to the pain?
Impact on Activities of Daily Living	How is the pain affecting your ability to perform daily activities such as work, hobbies, or exercise?
Sleep Disturbance	Is the pain causing you to have difficulty sleeping or staying asleep?
Goal of Treatment	What is your goal for managing the pain?
Other Concerns	Do you have any other concerns related to the pain or its management?
Notes	