

PQRST Pain Assessment

Patient name: _____ Age: _____ Gender: _____

Date of birth: _____ Date of assessment: _____

PQRST pain assessment	Response
P - Provocation What triggers the pain or makes it better?	
Q - Quality What does the pain feel like (e.g. sharp, dull, throbbing)?	
R - Region Where is the pain located? Does it spread?	
S - Severity How intense is the pain, typically rated on a scale of 1-10?	
T - Timing When does the pain occur, and how long does it last?	
Additional notes	

Reference:

Linares, M. (2024, July 26). *How to perform PQRST pain assessments*. SimpleNursing. <https://simplenursing.com/pqrst-pain/>