

## Ask the Patient ...

### Duration

When did the pain start?

How long does the pain last?

Does the pain come and go?

### Comfort Goal

If 0 is no pain and 10 is the worst possible pain, at what level do you want to be? At what pain level do you expect to be treated?

What would good pain control help you do?

### Aggravating/Alleviating Factors

What makes the pain better?

What makes the pain worse?

### Treatments

What are you currently doing to treat the pain (drug and non-drug)?

What treatments have you used in the past and how did they work?

Do you have any beliefs that would affect your pain treatment?

### Symptoms/Side Effects

How does pain affect: sleep, energy, appetite, activity, relationships, and mood? Are you having any other symptoms: nausea, vomiting, constipation, itching, sleepiness, confusion, weakness, problems urinating?



## VA/DoD Postoperative Pain Management Clinical Guideline

### Pain Assessment Pocket Guide W I L D C A T S

#### Words to describe Pain.

Tell me about your pain

**ACHING**

**NUMB**

**AGONIZING**

**PRESSURE**

**ANNOYING**

**RADIATING**

**BLOATED**

**SHARP**

**BURNING**

**SHOOTING**

**CRAMPY**

**SPLITTING**

**DEEP**

**SQUEEZING**

**DISTENDED**

**STABBING**

**DULL**

**STINGING**

**ELECTRICAL**

**TENDER**

**GNAWING**

**THROBBING**

**KNIFE-LIKE**

**TINGLING**

**MISERABLE**

**TIRING**

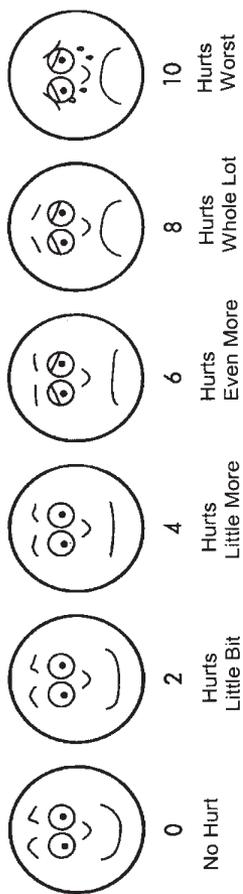
**NAGGING**

**UNBEARABLE**

## Intensity

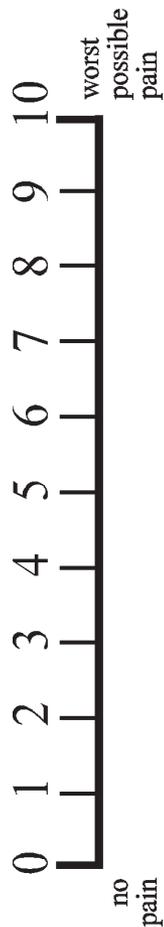
If 0 is no pain and 10 is the worst possible, what is your pain now?

Wong-Baker Faces Pain Scale



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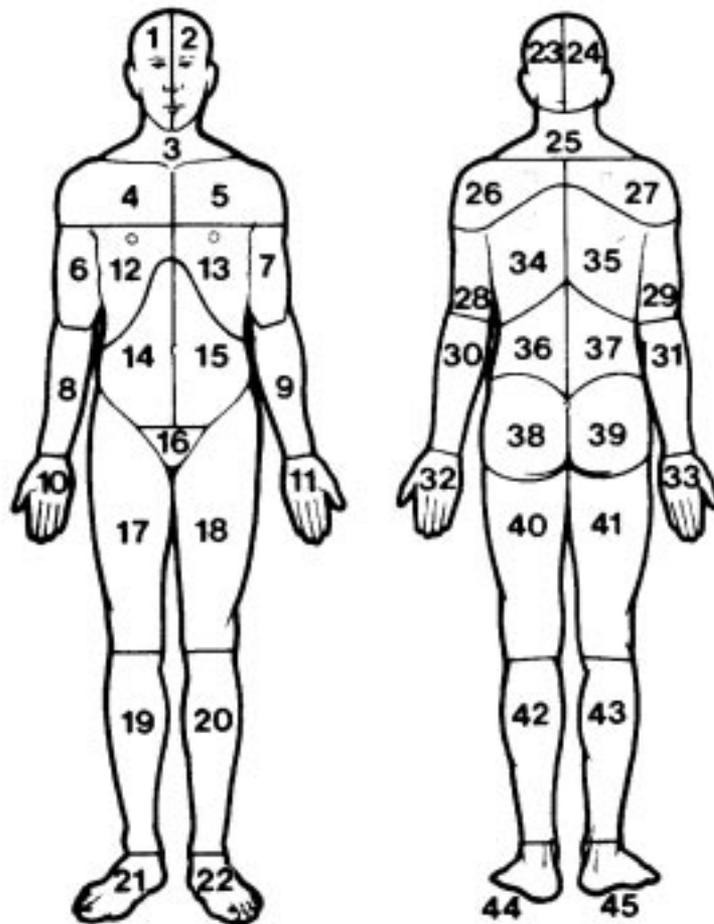
Pain Intensity Rating Scale



## Location

Where is your pain...point to where the pain is located using the chart below.

Does your pain travel to another location? Point to the area.



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