

**COMMUNITY MEMORIAL HOSPITAL**  
**150 Broad Street**  
**Hamilton, NY 13346**

**COMPREHENSIVE PAIN ASSESSMENT**

Aside from the acute pain you may experience while in the hospital from surgery or a procedure etc., it is important that we also address any **persistent** or **episodic** pain you may have. (Whether constant or occasional).

To help us understand your pain we ask that you take a few minutes and fill out the following form:

Do you have any persistent or episodic pain - Yes  No

If "No" stop here

**If "Yes" tell me about your pain:**

1. Location: Where is your pain (You may have more than one site).

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2. Quality: What words would you use to describe your pain - Check any that apply

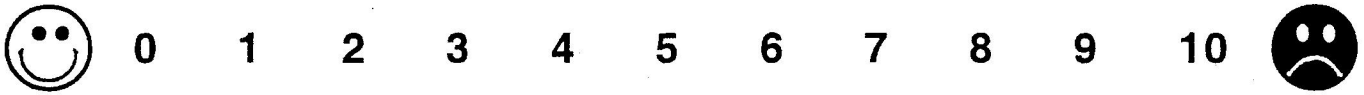
Neuropathic pain: Is it - burning  shooting  tingling  radiating  numb   
Somatic pain: Is it - achy  throbbing  dull

3. Duration: Is your pain always there, or does it come and go? Explain

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4. Intensity: On a pain scale of 0 being no pain and 10 being the worst pain imaginable, please circle your pain number.



5. Pain Goal 0 - 10 \_\_\_\_\_ (Acceptable level of pain to perform daily activities).

6. What makes the pain better?

Heat  Cold  massage  relaxation  music  positioning   
distraction  other  medication  List: \_\_\_\_\_

What makes your pain worse: Explain if any \_\_\_\_\_

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Patient Signature \_\_\_\_\_ RN reviewing form \_\_\_\_\_