

## Pain Assessment

Severity:  0  1  2  3  4  5  6  7  8  9  10

If 1 or higher:

**Pain duration:**  acute  chronic

**Location:**  head,  neck,  shoulder ( left,  right,  both),  upper back,  lower back,  chest,  abdomen,  leg ( left,  right,  both);  knee ( left,  right,  both);  foot ( left,  right,  both);  other:

**Type of Pain:**  sharp  dull  radiating

Based on the findings of the pain assessment, the client states that the

present pain control is inadequate and will follow-up with the physician to discuss options;

present pain control is adequate and there is no need for intervention by the physician;

pain is long standing; client can live with it and does not want to discuss it further with the physician.