Pain Assessment Documentation Sample

Patient Name

Enter patient name

Date of Assessment

Time

Pain Location

e.g. Lower back, right leg, etc.

Intensity (0-10)

Duration

e.g. 15 minutes, 2 hours

Onset

e.g. Sudden, gradual

Description of Pain

e.g. Sharp, dull, throbbing, burning

Factors That Increase Pain

e.g. Movement, stress, cold weather

Factors That Relieve Pain

e.g. Rest, medication, heat

Associated Symptoms

e.g. Nausea, vomiting, sweating

Pain Assessment Scale Used

Pain Numeric Rating Scale (0-10) ▼

Current Interventions

e.g. Medication given, position changed, cold compress

Response to Interventions

e.g. Pain reduced from 8/10 to 5/10, no change

Additional Notes / Comments

Any other observations

Clinician Name / Signature

Name or signature

Pain Assessment Table (Sample)

Time	Intensity (0-10)	Location	Intervention	Response