Patient Pain Assessment Chart

Patient Name

Patient ID

Date & Time

Nurse Name

Ward / Room No.

Diagnosis

Pain Assessment

Location of Pain

Type/Character of Pain (e.g. Sharp, Dull, Throbbing)

Duration/Onset

Frequency

Precipitating/Relieving Factors

Pain Intensity (0–10 Numeric Scale):
0

10
0 = No Pain, 10 = Worst Possible Pain

Patient's Description/Comments

Action Taken

Nursing and Medical Interventions

Pain Reassessment

Time	Pain Score	Intervention	Response/Comments	Initials