

Patient's Name: \_\_\_\_\_

Date \_\_\_\_\_

## PAIN

<p><b>Normal</b></p> <ul style="list-style-type: none"> <li>• Do you have any pre-existing pain?</li> </ul>	
<p><b>Onset</b></p> <ul style="list-style-type: none"> <li>• When did it begin? Is this a different pain? (new location or quality?) How often does it occur?</li> <li>• How long does it last?</li> <li>• Distinguish between acute and chronic pain</li> </ul>	
<p><b>Provoking / Palliating</b></p> <ul style="list-style-type: none"> <li>• What brings it on? Makes it worse? Better?</li> </ul>	
<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• What is your pain like at rest? Does it hurt if you cough or move?</li> <li>• How would you describe it? (i.e. persistent, burning, stabbing, shooting, numbing)</li> </ul>	
<p><b>Region / Radiation</b></p> <ul style="list-style-type: none"> <li>• Where is it? Does it spread anywhere? Ask the patient to point to where the pain is or draw it on a body map</li> </ul>	
<p><b>Severity / Other Symptoms</b></p> <ul style="list-style-type: none"> <li>• How would you rate your pain level on a scale of 0-10, with 0 being not at all to 10 being the worst imaginable.</li> <li>• How bothered are you by this symptom? (on a scale of 0 – 10, with 0 being not at all to 10 being the worst imaginable)</li> <li>• Does the pain keep you awake at night?</li> <li>• Does the pain prevent you from performing ADLs?</li> <li>• Are you experiencing any other symptoms? (i.e. loss of bowel or bladder functioning, motor weakness)</li> </ul>	
<p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• What medications or treatments are you using right now? (Include over the counter complementary/alternative treatments, cannabis). How much? How often? Has this been effective? Any side effects?</li> <li>• What medications have you tried in the past?</li> <li>• Have you received treatment in the area? (i.e. radiation, surgery)</li> </ul>	
<p><b>Understanding / Impact on You</b></p> <ul style="list-style-type: none"> <li>• Assess patient's understanding of what the pain means to them</li> <li>• Assess patient's understanding of the importance of reporting any new pain to the nurse or oncologist</li> <li>• Assess patient's understanding of taking the medication regularly as prescribed</li> <li>• Assess patients level of distress related to the pain and physical and psychological impact</li> </ul>	
<p><b>Value</b></p> <ul style="list-style-type: none"> <li>• What are your beliefs surrounding pain and pain management?</li> <li>• Goals for pain management?</li> </ul>	

NOTE: Cognitive impairment and age-related factors may impair the client's ability to express pain. This does not decrease the ability to feel pain. Objective cues of pain and observation are critical. For patients with advanced dementia, an observational pain rating scale, such as the [Pain Assessment in Advanced Dementia Scale \(PAINAD\)](#), is recommended.