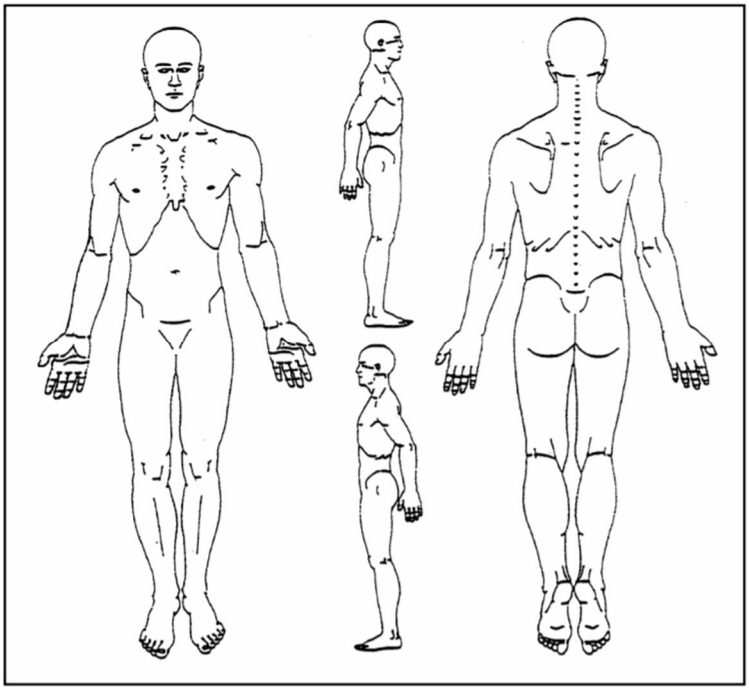
ARISE
RECOVERY CENTERS

Pain Assessment Tool

Client Name: Date:

Pain Location

Indicate on figures all pain sites and label (A, B, C, etc.)



Description of Pain

- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ Night

Onset of Pain

- ☐ Acute – 48 hours – 6 months
- ☐ Chronic – longer than 6 months

Pain feels better when_____

Pain feels worse when_____

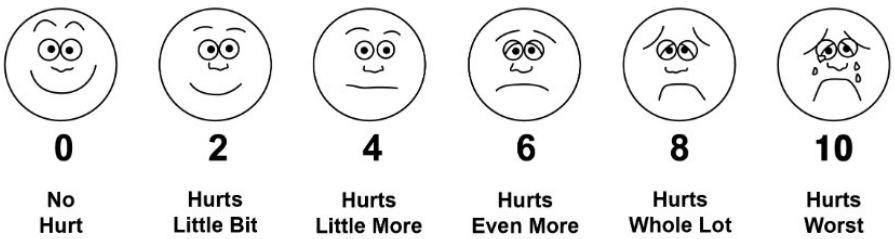
Client Description of Pain – check all that apply

- ☐ Sharp
- ☐ Dull
- ☐ Ache
- ☐ Tingles
- ☐ Other: _____
- ☐ Tender
- ☐ Throbbing
- ☐ Burning
- ☐ Stings

- ☐ Patient Unable to describe/respond

Intensity:

Pain Scale



Pain Rating_____

Clinician performing pain assessment: