

Patient Comfort Assessment Guide

Name: _____ Date: _____

1. Where is your pain? _____

2. Circle the words that describe your pain.

aching	sharp	penetrating
throbbing	tender	nagging
shooting	burning	numb
stabbing	exhausting	miserable
gnawing	tiring	unbearable

Circle One occasional continuous

What time of day is your pain the worst? Circle one.

morning afternoon evening nighttime

3. Rate your pain by circling the number that best describes your pain at its worst in the last month.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

4. Rate your pain by circling the number that best describes your pain at its least in the last month.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

5. Rate your pain by circling the number that best describes your pain on average in the last month.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

6. Rate your pain by circling the number that best describes your pain right now.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

7. What makes your pain better? _____

8. What makes your pain worse? _____

9. What treatments or medicines are you receiving for your pain? Circle the number to describe the amount of relief the treatment or medicine provide(s) you.

a) _____ No 0 1 2 3 4 5 6 7 8 9 10 Complete Relief
Treatment or Medicine (include dose) Relief

b) _____ No 0 1 2 3 4 5 6 7 8 9 10 Complete Relief
Treatment or Medicine (include dose) Relief

c) _____ No 0 1 2 3 4 5 6 7 8 9 10 Complete Relief
Treatment or Medicine (include dose) Relief

d) _____ No 0 1 2 3 4 5 6 7 8 9 10 Complete Relief
Treatment or Medicine (include dose) Relief

Pain Disability Index

Name: _____ Date _____

Instructions: The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain on your life, not just when the pain is at its worst.

For each category, please circle the number which describes the levels of disability you typically experience. A score of 0 means no disability at all and a score of 10 means that all the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

1. **Family/home responsibilities.** Activities related to the home or family, including chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving the children to school).

No disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

2. **Recreation.** Hobbies, sports and similar leisure time activities.

No disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

3. **Social activity.** Participation with friends and acquaintances other than family members, including parties, theater, concerts, dining out, and other social functions.

No disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

4. **Occupation.** Activities that are a part of or directly related to one's job, including nonpaying jobs such as that of a homemaker or volunteer work.

No disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

5. **Sexual activity.** This category refers to the frequency and quality of one's sex life.
(OPTIONAL)

No disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

6. **Self-care.** Activities of daily maintenance and independent daily living (taking a shower, driving, getting dressed, etc.)

No disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

7. **Life-support activities.** Basic life-support behaviors such as eating, sleeping, and breathing.

No disability 0 1 2 3 4 5 6 7 8 9 10 Total Disability

Name _____

File _____

Date _____

Mark the areas on this body where you feel the described sensations.

Use the appropriate symbols.

Mark areas of radiation.

Include all affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	00000	XXXXX	*****	/////
-----	00000	XXXXX	*****	/////
-----	00000	XXXXX	*****	/////

Pain chart

