

Westy Care Home

PAIN INTERVIEW

pain interview2.xls

	DATE--					
	Yes	No	Yes	No	Yes	No
1. In the past week have you had pain/discomfort?						
Where is your pain?						
Describe your pain Sharp Dull Ache Heavy Constant Intermittent Pressure Cramp Throb Pinch Other	S I	D P	A Cr	H T	Co Pi	Co O
What causes your pain?						
2. On a scale of 0-10 What is your pain right now? (0 being none, 10 being the worst possible pain)						
3. Over the last 24 hours, what is the worst level of pain that you have had? (0-10 scale)						
4. A lot of patients find when their pain is under good control they can live better and enjoy normal activities. On a scale of 0-10, what level of pain would allow you to do this?						
5. Over the past 24 hours, how often have you felt comfortable enough to do your normal activities? A=all the time M= most of the time S=some of time N=none of time	A S	M N	A S	M N	A S	M N
6. Can you tell me what we can do to improve your pain relief?						
7. Current pain medication						
Please list any changes or interventions needed or made.						
IF NON-VERBAL						
Facial expression-Grimace, Frown, Blinking, Eyes wide open or tightly closed, Frightened, Weepy, Worried, Lost						
Mood- Irritable, Confused, Withdrawn, Agitated, Aggressive, Other.						
Body Language- Tense, Hand wringing, Clenched Fists, Rubbing or holding body part, Wandering, Abusive, Resists cares. Noisy breathing, Elope attempts, Socially disruptive, Restless, Other.						
Voice-Moan, Mumbling, Chant, Grunt, Whine, Calling out, Screaming, Crying, Verbally Abusive, Other.						
Behavior-Change in appetite, Sleep, Mobility, or ADL's, Other Gait, Function, Participation in Activities						
Other-						