

PAIN ASSESSMENT

1. Are you satisfied with the care? _____

2. What are their "comfort foods"? _____

3. Is the staff courteous and helpful? _____

4. Does the Resident report pain to family members? _____ If yes, does the family member then report it to staff? _____

5. Do you feel that the Resident's pain is being controlled to an acceptable level? _____

6. What is their favorite music? _____

7. Does the Resident like the room darkened or shades open when they are not feeling well? _____

8. Do they enjoy pets? _____

9. Are their religious or spiritual needs being met? _____

10. What did family members do at home or see in other facilities that helped decrease the pain of the Resident? (ie: repositioning, relaxation exercises) _____

11. Would you recommend this place to your best friend? _____

