

Eastridge

QUARTERLY PAIN ASSESSMENT

1st quarter

- 1. SCALE USED: 1-10 FACES BEHAVIOR
- 2. Describe how pain affects activities of daily living (i.e., sleep, appetite, physical activity) _____
- _____
- 3. Current pharmacological regime: _____
- 4. Describe effectiveness of current regime: _____
- 5. Plan: No change Needs physician review for possible changes
- 6. Currently care planned: YES NO
- Signature _____ Date _____

2nd quarter

- 1. SCALE USED: 1-10 FACES BEHAVIOR
- 2. Describe how pain affects activities of daily living (i.e., sleep, appetite, physical activity) _____
- _____
- 3. Current pharmacological regime: _____
- 4. Describe effectiveness of current regime: _____
- 5. Plan: No change Needs physician review for possible changes
- 6. Currently care planned: YES NO
- Signature _____ Date _____

3rd quarter

- 1. SCALE USED: 1-10 FACES BEHAVIOR
- 2. Describe how pain affects activities of daily living (i.e., sleep, appetite, physical activity) _____
- _____
- 3. Current pharmacological regime: _____
- 4. Describe effectiveness of current regime: _____
- 5. Plan: No change Needs physician review for possible changes
- 6. Currently care planned: YES NO
- Signature _____ Date _____

4th quarter

- 1. SCALE USED: 1-10 FACES BEHAVIOR
- 2. Describe how pain affects activities of daily living (i.e., sleep, appetite, physical activity) _____
- _____
- 3. Current pharmacological regime: _____
- 4. Describe effectiveness of current regime: _____
- 5. Plan: No change Needs physician review for possible changes
- 6. Currently care planned: YES NO
- Signature _____ Date _____

RESIDENT NAME _____