ALChartsPlus
Assisted Living Software

Pain Evaluation

Diagnosis / History ☐ Acute ☐ Chronic ________
☐ None

Contributing Diagnosis ________
☐ None

Physical limitations ________
☐ None

Cognitive limitations ________
☐ None

Describe location of pain

Description of pain

☐ Aching
☐ Burning
☐ Stabbing
☐ Throbbing
☐ Dull
☐ Sharp
☐ Crushing
☐ Pins/needles

Symptoms / Concerns

Factors that aggravate pain

Intensity of pain

0 1 2 3 4 5 6 7 8 9 10

No pain — Medium pain — Worst possible pain

☐ Intermittent
☐ Constant

Now ______ Worse pain gets ______
Before medication ______ After medication ______

Time of day pain is worse

Acceptable level ______

0	1-2	3-5	6-8	9-10
No Pain	A little pain	Mild pain	Bad pain	Severe pain
	Slight	Medium	Moderate	The worst

secondary symptoms
☐ Loss of sleep
☐ Nausea
☐ Decreased appetite
☐ Irritability
☐ inability to concentrate

Past interventions

Goal:

Pain management plan

Resident name First Middle Last	Signature	Date	Time

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