



PAIN ASSESSMENT REPORT

Use this report along with the Body Scan and Pain Sensations downloads. Make the assessment regularly, and compare the results to past assessments.

DATE: _____

Location: Where is the pain located? Is it a specific muscle or muscle group, a joint or joints, digestive tract, or somewhere else?

Duration: How long has the pain lasted? How long is the pain present (in minutes or hours)?

Frequency: How often do you experience this pain in a given time period?

Intensity: How severe is the pain?

Onset: Does the pain come suddenly or gradually? Is it associated with a specific activity or situation?

Pattern: Do you experience the pain at certain times of day or night? Is it associated with your location, weather changes?

Character: What type of pain is it? Shooting, aching, throbbing, stabbing, burning, etc. – use whatever words best describe it for you, and be as specific as possible.