**Pain Assessment**

Severity: __0__ __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

If 1 or higher:

**Pain duration:** __ acute __ chronic

**Location:** __head__, __neck__, __shoulder (__left, __right, __both), __upper back__, __lower back__, __chest__, __abdomen__, __leg (__left, __right, __both), __knee (__left, __right, __both), __foot (__left, __right, __both), __other:

**Type of Pain:** __sharp__ __dull__ __radiating__

Based on the findings of the pain assessment, the client states that the

__present pain control is inadequate and will follow-up with the physician to discuss options;

__present pain control is adequate and there is no need for intervention by the physician;

__pain is long standing; client can live with it and does not want to discuss it further with the physician.