

Pain Assessment

Where are you experiencing pain? _____

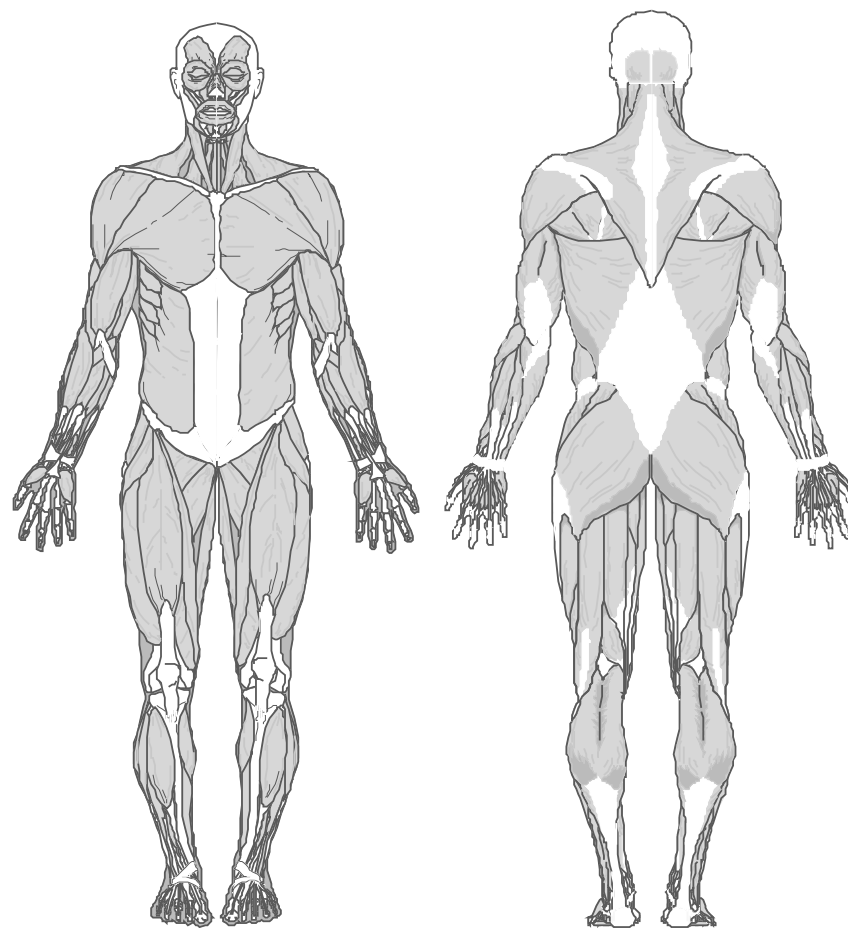
How severe is the pain? **1** being minor **5** major?

1 2 3 4 5

Are you currently taking any pain medications?

How would you rate the effectiveness of the medication?
1 being ineffective **5** being effective.

1 2 3 4 5



Please circle the areas you experiencing pain