SENATE PUBLIC HEALTH, WELFARE & SAFETY

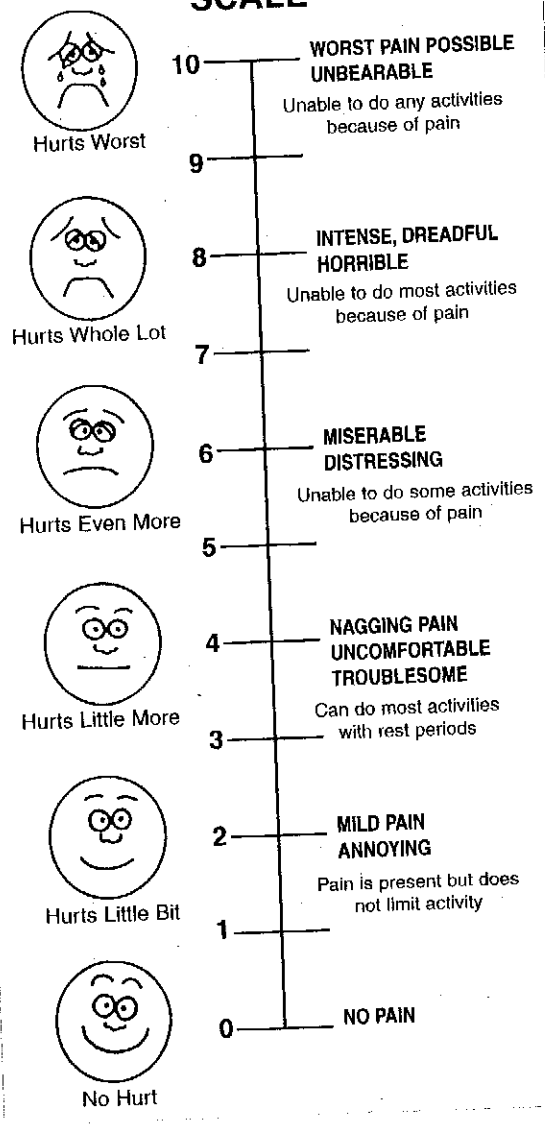
EXHIBIT NO. 21

DATE: 2-18-05

BILL NO. SJ 28

PAIN ASSESSMENT SCALE

SJ 28



PAIN CHECKLIST

✓ **LOCATION:** Where does it hurt?

✓ **INTENSITY** How bad is the pain? *(Rate your pain using pain scale on other side)*

Now	_____	*(0-10)*
Worst	_____	*(0-10)*
Best	_____	*(0-10)*
Acceptable	_____	*(0-10)*

✓ **ONSET:** When did the pain start?

✓ **DURATION:** How long have you had this pain?

✓ **QUALITY:** Is it constant or on-and-off? Dull or sharp? Burning or pressure?

What makes it worse?

What makes it better?

Does it affect your usual daily routine? Sleep? Concentration? Mood?

This pain scale was developed by the Missoula Demonstration Project Pain as the Fifth Vital Sign Task Force, a project supported by the Mayday Fund, 1999.

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*Wong-Baker FACES Pain Rating Scale from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Ahmann E, DiVito-Thomas PA: **Whaley and Wong's Nursing Care of Infants and Children**, ed.6, St. Louis, 1999, Mosby, p.1153. Copyrighted by Mosby-Year Book, Inc. Reprinted by Permission*