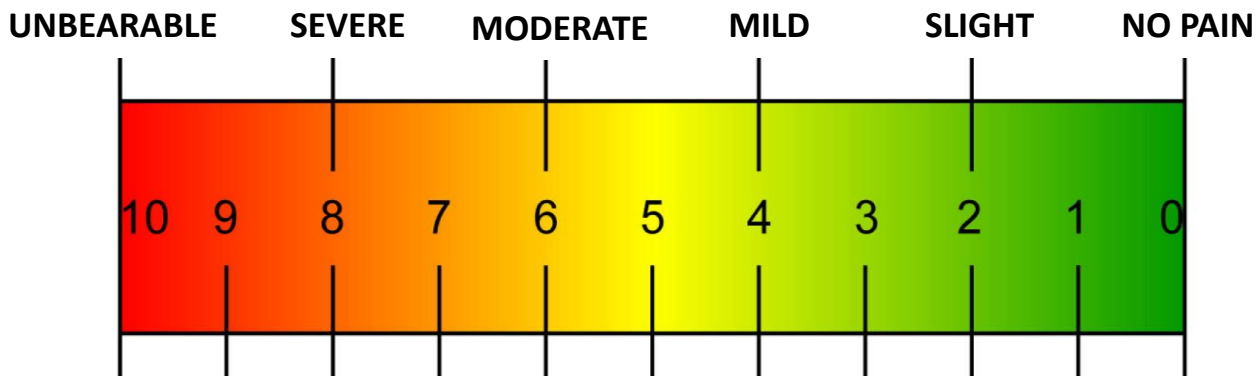


## Pain Assessment: Able to Self-Report

An individual's self-report provides is the primary evidence for the determination of pain. This is the **Severity** component of the PQRST.

- The numeric (0-10 out of 10) or visual analogue (shown below) should be included in the pain assessment whenever the patient can self-report.
  - The actual score is not as important as the patient's perception of change during reassessment (worse or better).
  - When pain is reported by the patient, the characteristics of the pain should be evaluated using the PQRST mnemonic (next page). This will help to identify the cause of the pain and the most appropriate treatment plan.



# Pain Assessment: Able to Self-Report

## PQRST Mnemonic for Pain Assessment

### **P (provokes, precipitates):**

- Location of pain
- What brings it on (e.g., activity, specific movement, eating, breathing)?
- What relieves it?

### **Q (quality):**

- What is the quality of the pain (in the patient's own words)?
- Prompt only if necessary, to determine if pain is dull, sharp, stabbing, pins and needles, "electrical", etc.

### **R (radiation, referral):**

- Does the pain move to any other spot?
- Are there any other symptoms with the pain (e.g., nausea, vomiting, shortness of breath)?

### **S (severity):**

- How does the patient rate the severity of the pain on a scale of 1-10?

### **T (time):**

- When did the pain start?
- Has this pain occurred before?
- Is the pain intermittent or constant?