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# Patient Comfort Assessment Guide

To facilitate your  
assessment of your  
patients' pain and its  
effect on their daily  
activities



## Patient Comfort Assessment Guide

Pharmacologic management of pain, as a component of the total management of the patient with persistent pain, is increasingly utilized among healthcare professionals.

Although healthcare professionals want to provide optimal care for their patients, time constraints often impose barriers that may interfere with the goals of care. Applying pharmacologic protocols for pain management requires proper evaluation, implementation, and monitoring.

To assist in this challenge, Purdue has supported the development of a concise documentation tool to help the clinician with the assessment of pain and implementation of pain treatment regimens. This PATIENT COMFORT ASSESSMENT GUIDE encompasses pain status, pain relief, other symptoms and side effects, as well as the impact of pain on the patient's functional status. For clinical purposes, these components have proven helpful in monitoring and documenting the status of patients and their response to treatment interventions.

This guide was prepared by the late Elizabeth J. Narcessian, MD, clinical chief of pain management at the Kessler Institute for Rehabilitation. Her deep concern for patient comfort led Dr. Narcessian to compile this assessment guide from components of other survey instruments that have been developed and validated in their entirety.

In her introduction to the first edition, Dr. Narcessian observed: "As we strive to optimize the quality of life of our patients by decreasing their pain, it is imperative that we maintain proper documentation both to monitor effectiveness of the treatment protocol, as well as provide data to track the patient's status. This task can be simplified by using the PATIENT COMFORT ASSESSMENT GUIDE."



# Patient Comfort Assessment Guide

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Where is your pain? \_\_\_\_\_

2. Circle the words that describe your pain.

aching	sharp	penetrating
throbbing	tender	nagging
shooting	burning	numb
stabbing	exhausting	miserable
gnawing	tiring	unbearable

Circle One    occasional    continuous

What time of day is your pain the worst? Circle one.

morning    afternoon    evening    nighttime

3. Rate your pain by circling the number that best describes your pain at its worst in the last month.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

4. Rate your pain by circling the number that best describes your pain at its least in the last month.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

5. Rate your pain by circling the number that best describes your pain on average in the last month.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

6. Rate your pain by circling the number that best describes your pain right now.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

7. What makes your pain better? \_\_\_\_\_

8. What makes your pain worse? \_\_\_\_\_

9. What treatments or medicines are you receiving for your pain? Circle the number to describe the amount of relief the treatment or medicine provide(s) you.

a) \_\_\_\_\_ No 0 1 2 3 4 5 6 7 8 9 10 Complete  
Treatment or Medicine (include dose) Relief Relief

b) \_\_\_\_\_ No 0 1 2 3 4 5 6 7 8 9 10 Complete  
Treatment or Medicine (include dose) Relief Relief

c) \_\_\_\_\_ No 0 1 2 3 4 5 6 7 8 9 10 Complete  
Treatment or Medicine (include dose) Relief Relief

d) \_\_\_\_\_ No 0 1 2 3 4 5 6 7 8 9 10 Complete  
Treatment or Medicine (include dose) Relief Relief

**10. What side effects or symptoms are you having? Circle the number that best describes your experience during the past week.**

a. Nausea	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
b. Vomiting	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
c. Constipation	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
d. Lack of Appetite	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
e. Tired	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
f. Itching	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
g. Nightmares	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
h. Sweating	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
i. Difficulty Thinking	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine
j. Insomnia	Barely Noticeable	0 1 2 3 4 5 6 7 8 9 10	Severe Enough to Stop Medicine

**11. Circle the one number that describes how during the past week pain has interfered with your:**

a. General Activity	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes
b. Mood	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes
c. Normal Work	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes
d. Sleep	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes
e. Enjoyment of Life	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes
f. Ability to Concentrate	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes
g. Relations with Other People	Does Not Interfere	0 1 2 3 4 5 6 7 8 9 10	Completely Interferes





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Sources: [Brief Pain Inventory](#), Charles Cleeland, Copyright 1991. McCorkle R, Young K. Development of a symptom distress scale. *Cancer Nursing*. 1978;1:373-378.