Pain Screen with Behavioral Checklist — Initial Assessment

**Patient self-report:**

___ Unable   ___ Occasionally   ___ Inconsistent

**Pathology/procedures potentially painful:**

Pathology: ______________________________________________________
Procedures: _____________________________________________________

**Checklist of behaviors indicative of pain:**

Facial expressions:
__ grimacing (frown)  __ looking sad
__ looking tense   __ looking frightened

Body language:
__ bracing    __ guarding     __ agitated
__ noisy breathing   __ fidgeting    __ restless

Vocalizations:
__ moaning    __ grunting    __ crying
__ calling out    __ protesting, “no”   __ profanity

Change in behavior:
__ sleep    __ appetite    __ mobility
__ confusion    __ irritable

Reports of family/friends: __________________________________________

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FORM 39A
Flow Sheet: Ongoing Pain Assessment in the Absence of Self-report

Patient: ______________________________  Date:__________
Analgesics: _________________________________________________
<table>
<thead>
<tr>
<th>Time</th>
<th>Proxy pain rating</th>
<th>Analgesics</th>
<th>Possible pain behavior</th>
<th>Possible comfort behavior</th>
<th>Plan</th>
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