

**Eriu Therapeutic Light & Pain Centre**  
 10 Tarouba Rd, San Fernando, Trinidad and Tobago  
 Telephone: (905) 354-9573

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Patient Pain Assessment

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Name: \_\_\_\_\_  
 Last First Date

0 1 2 3 4 5 6 7 8 9 10  
 None Mild Moderate Severe Very Severe Intolerable

1) Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10  
 No Pain Intolerable Pain

2) Please rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10  
 No Pain Intolerable Pain

3) Please rate your pain by circling the one number that best describes your pain on the AVERAGE.

0 1 2 3 4 5 6 7 8 9 10  
 No Pain Intolerable Pain

4) Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.

0 1 2 3 4 5 6 7 8 9 10  
 No Pain Intolerable Pain

5) What treatments or medications are you receiving for your pain?  
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6) Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

**A. General activity**

0 1 2 3 4 5 6 7 8 9 10  
 Does not Interfere Completely Interferes

**B. Walking ability**

0 1 2 3 4 5 6 7 8 9 10  
 Does not Interfere Completely Interferes

**C. Normal work** (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10  
 Does not Interfere Completely Interferes

**D. Sleep**

0 1 2 3 4 5 6 7 8 9 10  
 Does not Interfere Completely Interferes

**E. Enjoyment of life**

0 1 2 3 4 5 6 7 8 9 10  
 Does not Interfere Completely Interferes