Step 1 Assessment: Chronic Pain Assessment

Resident Name:_____   **Staff Interviewer:**_____

Date of Interview:____/____/____
                          mm   dd   yy

Check Response
DK=Don't Know   NR=No Response or Nonsense Response   REF=Refusal to answer question

Interviewer: **"***I want to ask you some questions about pain***."**

1. *Do you have pain right now?*   ___Yes ___No ___NR/DK/REF

    1a. **IF YES**, ask: "*On a scale 1 to 10 with 0 meaning no pain and 10 being the worse pain
        you can imagine, how much pain are you having now?*"   _____

2. *Does pain ever keep you from doing things you enjoy*   ___Yes ___No ___DK/NR/REF
(*e.g., social activities, walking, going to dining
room for meals, knitting, bingo, going outside)?*

3. *Does pain ever keep you from sleeping at night?*   ___Yes ___No ___DK/NR/REF

4. *Do you have pain every day?*   ___Yes ___No ___DK/NR/REF

PROBABLE CHRONIC PAIN (*3 or more "yes" responses or "yes" to question 4*): Yes   No

5. Would you like/prefer to take medication
(pill, drug) for your pain?   ___Yes ___No ___DK/NR/REF

The presence of probable chronic Pain is determined based on the resident's responses to questions 1 – 4.
Probable chronic pain is present if the resident responds "yes" to 3 or more of the first four questions OR in
response to question #4 alone (residents reports that he/she experiences pain daily). Presence or absence of
probable chronic pain cannot be determined only if ALL 4 questions have DK/NR/REF answers. Question 5
is related to a resident's pain treatment preferences and is not included in scoring.

Interview outcome
Complete ___ *1*
Incomplete DK ___ *2*
Incomplete NR ___ *3*
Incomplete REF ___ *4*