

## Progress Note Pain Assessment and Documentation Tool (PADT™)

Patient Name: \_\_\_\_\_ Record #: \_\_\_\_\_

Patient Stamp Here

Assessment Date: \_\_\_\_\_

### Current Analgesic Regimen

Drug Name	Strength (eg, mg)	Frequency	Maximum Total Daily Dose

The PADT is a clinician-directed interview; that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioner, physician assistant, or nurse. The Potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except as noted.

### Analgesia

If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?

1. What was your pain level on average during the past week? (Please circle the appropriate number)

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

2. What was your pain level at its worst during the past week?

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

3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%.)

\_\_\_\_\_

4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?

Yes       No

5. Query to clinician: Is the patient's pain relief clinically significant?

Yes       No       Unsure

### Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient's last assessment with the PADT.\* (Please check the box for Better, Same, or Worse for each item below.)

	Better	Same	Worse
1. Physical functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleep patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*If the patient is receiving his or her first PADT assessment, the clinician should compare the patient's functional status with other reports from the last office visit.



**PAIN DESCRIPTION, INTENSITY and ACTIVITIES RECORD**

**THREE WEEK PAIN INTENSITY GRAPH  
AVERAGE DAILY PAIN INTENSITY**

10																					
9																					
8																					
7																					
6																					
5																					
4																					
3																					
2																					
1																					
	Su	M	T	W	T	F	S	Su	M	T	W	T	F	S	Su	M	T	W	T	F	S

<b>name</b>		<b>date</b>	
-------------	--	-------------	--