Rick Hansen Institute | Institut Rick Hansen | RHSCIR

PAIN
Multiple Data Collection Points

CHART ABSTRACTION

Pain

Data Collection Point
(check ONE only)**:**

☐ Acute care (or Emergency and Acute care) provided

☐ Rehab care provided

Completed at:(check ONE only)**:**

☐ Admission (Recommended within 7 days after admission)
☐ Discharge (Recommended within 7 days prior to discharge)

☐ Information unavailable, unable to complete. Specify Reason: _____

1. **Is participant receiving any treatment for pain at discharge?** (e.g., medications, recreational drugs, physical therapies, psychological treatment, etc.)

    ☐ Yes

    ☐ No

2. **How many different pain problems does the participant have?**

    ☐ 1　　☐ 2　　☐ 3　　☐ 4　　☐ 5 or more

3. **a) Has the participant had any pain in the last 7 days prior to discharge?**

    ☐ Yes

    ☐ No (skip to Data Collection Details on page 2)

    ☐ Unknown (skip to Data Collection Details on page 2)

    b) For participant's WORST pain, please indicate:

Pain Location/Sites: (choose All that apply)	Right	Midline	Left	Type of pain (check ONE only)	Date of Onset (Date this pain problem started)
Head				**Nociceptive**	_ _ _ _ / _ _ / _ _
Neck/shoulders				☐　Musculoskeletal	Y Y Y Y / M M / D D
throat				☐　Visceral	Enter as much of the date as is known.
neck				☐　Other	
shoulder				**Neuropathic**	
Arms/hands				☐　At-level	
upper arm				☐　Below-level	
elbow				☐　Other	
forearm				☐ **Other (specify):**	
wrist				_____	
hand/fingers				☐ **Unknown**	
Frontal torso/genitals				**Which pain assessment tool was used?**	
chest				☐　Leeds Assessment of Neuropathic Symptoms and Signs (LANSS)	
abdomen				☐　Douleur Neuropathic en 4 Questions (DN4)	
pelvis/genitals				☐　Other (specify): _____	
Back				☐　None	
upper back				☐　Unknown	

Version: 09Apr2015

				Pain Intensity:	
lower back				Average pain intensity in the last 7 days including today:	
Buttocks/hips				☐ 0	No pain
buttocks				☐ 1	
hips				☐ 2	
anus				☐ 3	
Upper legs/thighs				☐ 4	
Lower legs/feet				☐ 5	
knee				☐ 6	
shin				☐ 7	
calf				☐ 8	
ankle				☐ 9	
foot/toes				☐ 10	Pain as bad as bad as you can imagine
☐ Unknown location/site				☐ Unknown	

Pain - continued

c) Date pain assessment completed: ☐☐☐☐ / ☐☐ / ☐☐

YYYY   MM   DD

Enter as much of the date as is known.

Collection Method:

☐ Completed by Clinician

☐ Abstracted from multiple medical record sources (skip to Data Collection Details)

Clinician Type:
(choose ALL that apply)

☐ Physiatrist

☐ Registered Nurse

☐ Psychologist

☐ Other (specify): _____

Data Collection Details

Collected by: (please print name)		**Initial Here:**		**Date Abstraction Completed:**	YYYY-MM-DD