

Pediatric Pain Assessment Form

Patient Name

Age

Date

Pain Assessment

Location of Pain

Duration of Pain

Pain Intensity



Pain Description

Type of Pain

☐ Sharp ☐ Dull ☐ Throbbing ☐ Burning ☐ Other

Pain Triggers

What Helps Relieve the Pain?

Faces Pain Scale

0

2

4

6

8

10

Additional Notes