

APPENDIX I

Components of a pain history

Use a combination of focused and open-ended questions to elicit the most information. An in-depth pain history is not necessary for most pain, but is an essential component of assessment for complex and resistant pain syndromes.

1. Description of the pain. The PAINED acronym may be useful for remembering the important elements to ask about:
 - Place:** Site(s) of pain and any referral patterns and temporal patterns (constant, intermittent, incident and breakthrough).
 - Amount:** Onset (acute or chronic), duration, intensity of pain (use standard scale) and the level of pain acceptable to the patient.
 - Intensifiers:** Factors that exacerbate the pain, including associated symptoms (fatigue, nausea, constipation, anxiety and depression). If pain is absent at times, what triggers its return.
 - Nullifiers:** Factors that relieve pain. This should include current and past history of OTC and prescription analgesic use and other therapies, their effectiveness and side effects.
 - Effect:** Effectiveness of and side effects from current and past analgesics. Description of pain's effect on activities of daily living, roles, ability to work, sleep, and eat. Effect on mood and ability to concentrate.
 - Descriptor:** Description of the character of the pain (aching, throbbing, gnawing, burning, stabbing etc.).
2. Psychosocial History: Personal and/or family history of drug or alcohol abuse, personal history of depression, anxiety or psychiatric care. Family history of severe or chronic pain. Coping style. Current personal or family stressors.
3. Past medical history: Illnesses, injuries, or surgery that may have a bearing on the pain.
4. Physical Examination
5. Pain diagnosis, including known or presumed etiology of the pain and the type of pain.
 - “What have you been told about this pain?”
 - “What do you know about this pain?”
6. The meaning of the pain to the patient. This component can have an important psychological and even spiritual impact on the patient. The relevance of this issue and whether and how it is explored depends the previous information gleaned from the history.
 - “What are your concerns about this pain?”
 - “Do you know of anyone else who has had pain like this?”
 - “What do you think this pain means?”
 - “Do you know why you have this pain?”
7. The patient's hopes and goals regarding the pain.

(Adapted from Brigham and Women's Hospital Pain Management Standard of Care)