Comfort Control Graph – Behavioural Response to Pain

Resident Name: _____

Rm. #: _____

Pain Rating Scale: _____

DOS completed: _____

Date initiated: _____

Directions for Using Sheet

1. ✓ in square to indicate frequency of behaviour
2. ✓ beside the additional symptoms
3. Write dosage of medication given in appropriate square
4. Initial at bottom of page after assessing the patient

	Date																								
	Time																								
DEGREE OF PAIN Write in the behaviour that indicates pain:	Always　10																								
	Mostly　9																								
	Often　8																								
	Occasionally　7																								
	Rarely　6																								
	Never　0																								
ADDITIONAL SYMPTOMS	Nausea																								
	Vomiting																								
	Constipation																								
	Drowsiness																								
	Restlessness																								
	Dyspnea																								
	Dry / Sore Mouth																								
BREAK-THROUGH OR PRN ANALGESICS																									
	INITIALS																								
REGULAR PAIN MEDS (List dose and frequency)																									