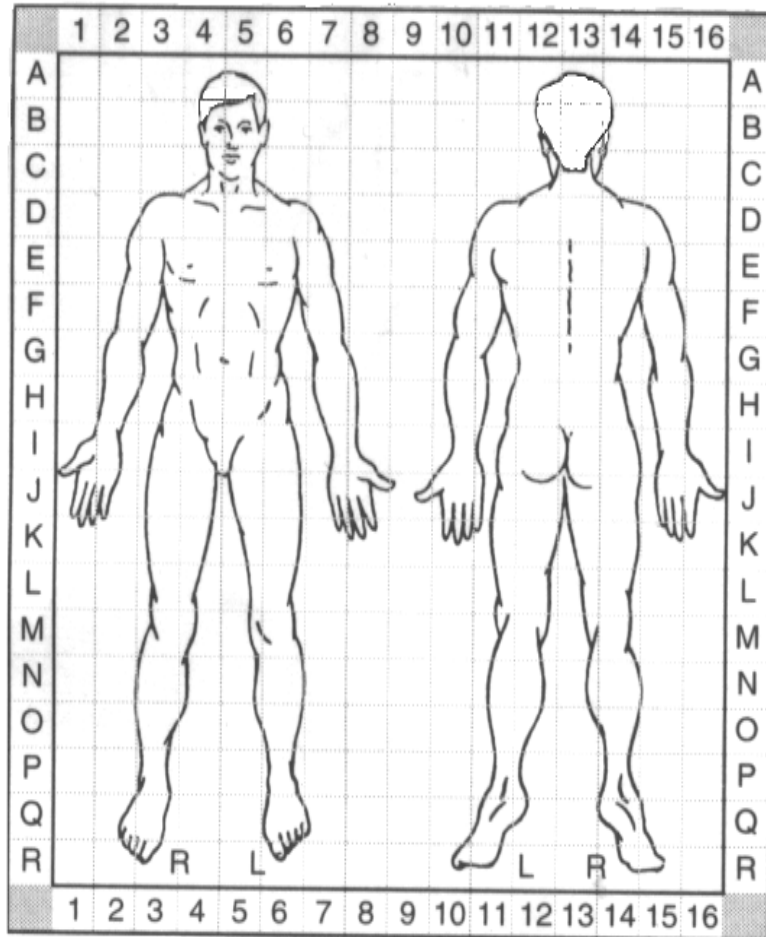


THE ALVERNO VERBAL PAIN FLOW RECORD

A. Location



* General Discomfort

B. Duration

1. Constant
2. Intermittent
3. Transient

C. Precipitating Factors

1. Activity
2. ROM
3. Heat
4. Cold
5. Elevation
6. Lying
7. Standing
8. Sitting
9. Breathing
10. Unknown
11. Other _____

D. Alleviating Factors/Relief Measure

1. Rest
2. Activity
3. Elevation
4. Heat
5. Cold
6. Medication
7. Healing Touch
8. Massage
9. Unknown
10. Other _____

E. Related Symptoms

1. Nausea
2. Anxiety
3. Insomnia
4. Fatigue
5. Depression
6. Decreased appetite
7. Diaphoresis
8. Withdrawal
9. Pruritus
10. Burning
11. Other _____

F. Behavior

1. Moaning
2. Crying
3. Pacing
4. Stroking
5. Restlessness
6. Facial grimacing
7. Facial Mask
8. Guarding
9. Disoriented
10. Inappropriate Response
11. Limping
12. Scratching
13. Other _____

G. Description of Area

1. Erythema
2. Edema
3. Distention
4. Warmth
5. Tender on palpation
6. Laceration
7. Excoriations
8. Rash
9. Eccymotic
10. Other _____

Pain Scale 0-10

