**PROGRESS NOTE**
**Pain Assessment and Documentation Tool (PADT™)**

Patient Name: __________________________ Record #: __________________
Assessment Date: _________________________________________________

### Current Analgesic Regimen

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Strength (eg, mg)</th>
<th>Frequency</th>
<th>Maximum Total Daily Dose</th>
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*The PADT is a clinician-directed interview; that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioner, physician assistant, or nurse.*

### Analgesia

If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?

1. What was your pain level on average during the past week? (Please circle the appropriate number)

   **No Pain** 0 1 2 3 4 5 6 7 8 9 10 **Pain as bad as it can be**

   - [ ] Yes  
   - [ ] No

2. What was your pain level at its worst during the past week?

   **No Pain** 0 1 2 3 4 5 6 7 8 9 10 **Pain as bad as it can be**

3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%) ____________

4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?

   - [ ] Yes  
   - [ ] No  
   - [ ] Unsure

5. **Query to clinician:** Is the patient's pain relief clinically significant?

   - [ ] Yes  
   - [ ] No  
   - [ ] Unsure

### Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient's last assessment with the PADT.* (Please check the box for Better, Same, or Worse for each item below.)

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<thead>
<tr>
<th></th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
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<tbody>
<tr>
<td>1. Physical functioning</td>
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<td>2. Family relationships</td>
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<td>3. Social relationships</td>
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<td>4. Mood</td>
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<td>5. Sleep patterns</td>
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<td>6. Overall functioning</td>
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</table>

* If the patient is receiving his or her first PADT assessment, the clinician should compare the patient's functional status with other reports from the last office visit.

(Continued on reverse side)
1. Is patient experiencing any side effects from current pain reliever(s)?
   - Yes
   - No

   Ask patient about potential side effects:

   - None
   - Mild
   - Moderate
   - Severe

   a. Nausea
   b. Vomiting
   c. Constipation
   d. Itching
   e. Mental cloudiness
   f. Sweating
   g. Fatigue
   h. Drowsiness
   i. Other
   j. Other

2. Patient’s overall severity of side effects?
   - None
   - Mild
   - Moderate
   - Severe

Assessment: (This section must be completed by the physician.)

Is your overall impression that this patient is benefiting (eg, benefits, such as pain relief, outweigh side effects) from opioid therapy?
   - Yes
   - No
   - Unsure

Comments:

Specific Analgesic Plan:

- Continue present regimen
- Adjust dose of present analgesic
- Switch analgesics
- Add/Adjust concomitant therapy
- Discontinue/taper off opioid therapy

Date: ___________________________ Physician’s signature: ___________________________

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