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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Datum** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Overzicht pijnmedicatie** | **Tijd van toediening** | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 2. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 3. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 4. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 5. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 6. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 7. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Heeft u last van bijwerkingen?**  Zoals obstipatie, misselijkheid, sufheid. |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Wanneer heeft u veel pijn?**  Bij lopen, zitten, liggen, verandering van houding, overdag/’s nachts? |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Hoe heeft u geslapen?**  Slaapmedicatie gebruikt? |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Andere pijnbestrijdingsmethoden?**  Zoals bijv. ontspanningsoefeningen, warmte/koude of massage? |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Bijzonderheden** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **PIJNCIJFER\*** | O | M | A | O | M | A | O | M | A | O | M | A | O | M | A | O | M | A | O | M | A |
| 10 ergst denkbare pijn |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 geen pijn |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |