

SOCRATES Pain Assessment Tool

Site, Onset, Character, Radiation | page 1 of 3

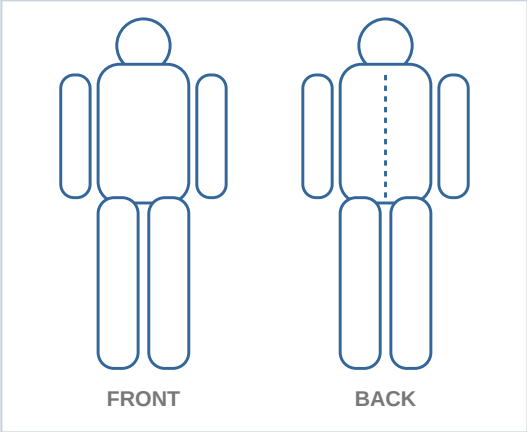
Resident / patient name		Date of birth	
Room / unit		ID / NHS no.	
Date / time of assessment		Completed by	

SOCRATES is a structured way to take a pain history: **S**ite, **O**nset, **C**haracter, **R**adiation, **A**ssociations, **T**ime course, **E**xacerbating and relieving factors, **S**everity. Ask each question in turn and record the person's own words where possible.

S

Site
Where exactly is the pain? Can the person point to it with one finger?
Site or sites (describe)

Is it:
☐ One site ☐ More than one site
☐ Localised ☐ Spread over an area


FRONT BACK

O

Onset
When did it start? Was it sudden or gradual? What was the person doing? Any injury or fall?
Date / time it started **It came on:** ☐ Suddenly ☐ Gradually
Has it happened before? ☐ First time ☐ Has happened before
What was the person doing? Any injury or fall?

C

Character
What does the pain feel like? Use the person's own words. Tick all that apply.

☐ Sharp	☐ Dull / aching	☐ Burning
☐ Throbbing	☐ Stabbing	☐ Cramping / colicky
☐ Crushing / tight	☐ Tingling / pins and needles	☐ Other

In the person's own words:

R

Radiation
Does the pain spread anywhere (for example arm, jaw, back, groin, leg)?
☐ No ☐ Yes **Spreads to:**
Does it move or stay in the same place? ☐ Stays put ☐ Moves

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Associations, Time course, Exacerbating / relieving factors, Severity | page 2 of 3

A

Associations

Does the pain come with any other symptoms? Tick all that apply.

- | | | |
|---|---|---|
| ☐ Nausea or vomiting | ☐ Breathlessness | ☐ Sweating |
| ☐ Dizziness / light-headedness | ☐ Fever or chills | ☐ Change in bowel or bladder |
| ☐ Numbness or weakness | ☐ Rash or swelling | ☐ Confusion or drowsiness |
| ☐ Other | | |

Detail:

T

Time course

Is the pain constant or does it come and go? How long does it last? Is it changing?

Pattern: ☒ Constant ☐ Comes and goes

Right now it is getting: ☒ Better ☐ About the same ☐ Worse

How long does each episode last?

Worse at particular times? (for example morning, night, after meals)

E

Exacerbating and relieving factors

What makes the pain worse (movement, breathing, eating, lying down, touch)? What eases it (rest, position, medication, heat)?

Makes it worse

Eases it

What has been tried so far?

S

Severity

Ask the person to rate their pain: 0 means no pain, 10 means the worst pain imaginable. Bands: 1-3 mild, 4-6 moderate, 7-10 severe.

	0	1	2	3	4	5	6	7	8	9	10
Right now	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
At its worst	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
At its best	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Effect on daily life (tick all that apply):

- | | | |
|--------------------------------|---|--|
| ☐ Sleep | ☐ Walking / mobility | ☐ Appetite |
| ☐ Mood | ☐ Personal care | ☐ Joining in activities |

If the person cannot describe their pain, use an observational scale such as PAINAD.

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Summary, escalation, reassessment and sign-off | page 3 of 3

SUMMARY AND ACTION

Summary of what the person reports and what you observed

Action taken (pain relief given as prescribed, non-drug measures, referral)

Escalated to: ☐ Senior / nurse in charge ☐ GP ☐ NHS 111 ☐ 999 ☐ Other

Follow your escalation policy and seek urgent medical advice (111, or 999 in an emergency) if:

- there is chest pain, especially with breathlessness, sweating, or pain spreading to the arm or jaw
- there is sudden severe headache, new confusion, face drooping, slurred speech, or new weakness or numbness
- there is severe abdominal pain, repeated vomiting, or a rigid, tender abdomen
- pain follows a fall or injury and a fracture or other serious injury is suspected
- pain is severe, rapidly getting worse, or not relieved by the agreed measures
- the person is very distressed and you are worried, even if the score is low

REASSESSMENT RECORD

Date / time	Score before	Action taken	Score after	New or changed symptoms	Initials

Assessed by (name / role) Signature

Date Next review due

About this tool: SOCRATES is a widely used mnemonic for taking a structured pain history. This form is a recording and monitoring aid. It does not replace clinical judgement or your organisation's pain management and escalation policies.