

OPQRSTUV Symptom Assessment

SKIN AND WOUND CARE

Applies to:	Any clinician completing a symptom assessment.
Purpose:	To provide details on the OPQRSTUV symptom assessment. This assessment can be used for any symptom, but is often used for pain, and end of life concerns.

Symptom assessment criteria		Questions to ask
O	Onset	When did it begin? How long does it last? How often does it occur?
P	Provoking/Palliating	What brings it on? What makes it better? What makes it worse?
Q	Quality	What does it feel like? Can you describe it? Have you experienced this before?
R	Region/Radiating	Where is it? Does it spread anywhere?
S	Severity	Use an appropriate severity scale such as the Wong Baker Faces Scale, numeric scale, etc. What is the intensity of this symptom: <ul style="list-style-type: none"> • Right now? • At best? • At worst? • On average? How bothered are you by this symptom? Are there any other symptoms(s) that accompany this symptom?
T	Treatment	What medications and treatments are you currently using? How effective are these? Do you have any side effects from the medications and treatments? What medications and treatments have you used in the past?
U	Understanding/ Impact on client	What do you believe is causing this symptom? How is this symptom affecting you and /or your family? What does it interfere with? (E.g., sleep, work/school, concentration, etc.)
V	Values	What is your goal for this symptom? What is your comfort goal or acceptable level for this symptom? Are there any other views or feelings about this symptom that are important to you or your family?