| Resident Name: | | | Date of Birth: | |
|---|---|---|---|---|
| Latest pain relief given was: | | | At: | hrs. |

### Q1 Vocalisation

e.g., whimpering, groaning, crying

| Absent 0 | Mild 1 | Moderate 2 | Severe 3 | Q1= |
|---|---|---|---|---|

### Q2 Facial expression

e.g., looking tense, frowning, grimacing, looking frightened

| Absent 0 | Mild 1 | Moderate 2 | Severe 3 | Q2= |
|---|---|---|---|---|

### Q3 Change in body language

e.g., fidgeting, rocking, guarding part of body, withdrawn

| Absent 0 | Mild 1 | Moderate 2 | Severe 3 | Q3= |
|---|---|---|---|---|

### Q4 Behavioral change

e.g., increased confusion, refusing to eat, alteration in usual patterns

| Absent 0 | Mild 1 | Moderate 2 | Severe 3 | Q4= |
|---|---|---|---|---|

### Q5 Physiological change

e.g., temperature, pulse, or blood pressure outside normal limits, perspiring, flushing or pallor

| Absent 0 | Mild 1 | Moderate 2 | Severe 3 | Q5= |
|---|---|---|---|---|

### Q6 Physical changes

e.g., skin tears, pressure areas, arthritis, contractures, previous injuries

| Absent 0 | Mild 1 | Moderate 2 | Severe 3 | Q6= |
|---|---|---|---|---|

| Add scores for 1–6 and record here | | | **Total Pain Score =** | |
|---|---|---|---|---|
| Now circle the box that matches the Total Pain Score number | 0–2 **No pain** | 3–7 **Mild** | 8–13 **Moderate** | 14+ **Severe** |
| Finally, tick the box which matches the type of pain | Chronic | Acute | Acute on Chronic | |

# ABBEY PAIN SCALE ASSESSMENT

| Name of person completing the assessment: | | | |
|---|---|---|---|
| Designation: | | | |
| Date: | | Time: | |
| Date uploaded to iCare: | | | |