

**Abbey Pain Scale**

*For measurement of pain in people with dementia who cannot verbalise.*

**How to use scale :** While observing the resident, score questions 1 to 6.

**Name of resident :** .....

**Name and designation of person completing the scale :** .....

**Date :** ..... **Time :** .....

**Latest pain relief given was.....at.....hrs.**

- |  |   |
|--|---|
| <p><b>Q1. Vocalisation</b><br/>eg whimpering, groaning, crying<br/>Absent 0 Mild 1 Moderate 2 Severe 3</p>   | <p><b>Q1</b> <input type="checkbox"/></p> |
| <p><b>Q2. Facial expression</b><br/>eg looking tense, frowning, grimacing, looking frightened<br/>Absent 0 Mild 1 Moderate 2 Severe 3</p>  | <p><b>Q2</b> <input type="checkbox"/></p> |
| <p><b>Q3. Change in body language</b><br/>eg fidgeting, rocking, guarding part of body, withdrawn<br/>Absent 0 Mild 1 Moderate 2 Severe 3</p>                                    | <p><b>Q3</b> <input type="checkbox"/></p> |
| <p><b>Q4. Behavioural Change</b><br/>eg increased confusion, refusing to eat, alteration in usual patterns<br/>Absent 0 Mild 1 Moderate 2 Severe 3</p>                           | <p><b>Q4</b> <input type="checkbox"/></p> |
| <p><b>Q5. Physiological change</b><br/>eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor<br/>Absent 0 Mild 1 Moderate 2 Severe 3</p> | <p><b>Q5</b> <input type="checkbox"/></p> |
| <p><b>Q6. Physical changes</b><br/>eg skin tears, pressure areas, arthritis, contractures, previous injuries<br/>Absent 0 Mild 1 Moderate 2 Severe 3</p>                         | <p><b>Q6</b> <input type="checkbox"/></p> |

**Add scores for 1 - 6 and record here** → **Total Pain Score**

**Now tick the box that matches the Total Pain Score** →

|                  |               |                    |                |
|------------------|---------------|--------------------|----------------|
| 0 - 2<br>No pain | 3 - 7<br>Mild | 8 - 13<br>Moderate | 14 +<br>Severe |
|------------------|---------------|--------------------|----------------|

**Finally, tick the box which matches the type of pain** →

|         |       |                  |
|---------|-------|------------------|
| Chronic | Acute | Acute on Chronic |
|---------|-------|------------------|