

Abbey Pain Scale

For measurement of pain in people with dementia or 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 _____ hours

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e.g. fidgeting, rocking, guarding part of body, withdrawn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

Add scores for 1 – 6 and record here ➔ **Total Pain Score**

Now Tick the box that matches the Total Pain Score ➔

0 - 2 No Pain	3 - 7 Mild	8 - 13 Moderate	14 + Severe
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Finally, tick the box which matches the type of pain ➔

Chronic	Acute	Acute On Chronic
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Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B.
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