

## For measuring pain in people with dementia who cannot verbalise

Name of resident:

Name and designation of person completing the scale:

Date and time of assessment:

Date and time most recent pain relief was given:

<b>1. Vocalisation</b> (eg whimpering, groaning, crying)					<input type="text"/>
Absent - 0	Mild - 1	Moderate - 2	Severe - 3		
<b>2. Facial expression</b> (eg looking tense, frightened, frowning, grimacing)					<input type="text"/>
Absent - 0	Mild - 1	Moderate - 2	Severe - 3		
<b>3. Change in body language</b> (eg fidgeting, rocking, guarding part of body, withdrawn)					<input type="text"/>
Absent - 0	Mild - 1	Moderate - 2	Severe - 3		
<b>4. Behavioural change</b> (eg increased confusion, refusing to eat, alteration in usual patterns)					<input type="text"/>
Absent - 0	Mild - 1	Moderate - 2	Severe - 3		
<b>5. Physiological change</b> (eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)					<input type="text"/>
Absent - 0	Mild - 1	Moderate - 2	Severe - 3		
<b>6. Physical changes</b> (eg skin tears, pressure areas, arthritis, contractures, previous injuries)					<input type="text"/>
Absent - 0	Mild - 1	Moderate - 2	Severe - 3		

**Total pain score (sum of scores for domains 1 to 6):**

0 to 2 = no pain; 3 to 7 = mild pain; 8 to 13 = moderate pain; 14 or more = severe pain

Tick the box that matches the type of pain:

☐ Chronic
 ☐ Acute
 ☐ Acute on chronic

Abbey J, De Bellis A, Piller N, Esterman A, Giles L, Parker D, Lowcay B. Funded by the JH & JD Gunn Medical Research Foundation 1998–2002.

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