

# Abbey Pain Scale

## ABBEY PAIN SCALE

Resident's name: \_\_\_\_\_ Date and time: \_\_\_\_\_ dd / mm / yyyy

Name/Designation of Person Completing the Scale: \_\_\_\_\_ Last Pain Relief: Dosage: \_\_\_\_\_

Time of Last Pain Relief: \_\_\_\_\_

Q1 Vocalization (e.g. whimpering, groaning, crying)

Absent - 0    Mild - 1    Moderate - 2    Severe - 3

Q2 Facial Expression (e.g. looking tense, frowning, grimacing, looking frightened)

Absent - 0    Mild - 1    Moderate - 2    Severe - 3

Q3 Change in Body Language (e.g. fidgeting, rocking, guarding part of body, withdrawn)

Absent - 0    Mild - 1    Moderate - 2    Severe - 3

Q4 Behavioral Change (e.g. increased confusion, refusing to eat, alternation in usual patterns)

Absent - 0    Mild - 1    Moderate - 2    Severe - 3

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

Q6 Physical Changes (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)

Absent - 0    Mild - 1    Moderate - 2    Severe - 3

Total Score: \_\_\_\_\_

Pain Severity - Tick the box that matches the total score

- 0-2 No Pain  
 3-7 Mild  
 8-13 Moderate  
 14+ Severe

Type of Pain - Tick the box that matches pain severity

- Mild  
 Moderate  
 Severe

Type of Pain

- Chronic  
 Acute  
 Acute on Chronic

Signature of Person Completing the Scale: \_\_\_\_\_