

## Form 2: Abbey Pain Scale

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

Name of Resident: \_\_\_\_\_

Name and designation of person completing the scale: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Latest pain relief given was: \_\_\_\_\_

at: \_\_\_\_\_ hours

### How to use scale:

While observing the resident, score questions 1 to 6

#### 1. Vocalisation

e.g. whimpering, groaning, crying

Absent  1 Mild  2 Moderate  3 Severe

#### 2. Facial Expression

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

Absent  1 Mild  2 Moderate  3 Severe

#### 3. Change in Body Language

e.g. fidgeting, rocking, guarding part of the body, withdrawn

Absent  1 Mild  2 Moderate  3 Severe

#### 4. Behavioural Change

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

Absent  1 Mild  2 Moderate  3 Severe

#### 5. Physiological Change

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

Absent  1 Mild  2 Moderate  3 Severe

#### 6. Physical Changes

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

Absent  1 Mild  2 Moderate  3 Severe

### Now tick the circle that matches the Total Pain Score

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

### Finally, tick the circle that matches the type of pain

Chronic  Acute  Acute on Chronic

TOTAL PAIN SCORE \_\_\_\_\_/18