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.

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   eg: fidgeting, rocking, guarding part of body, withdrawn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

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

Now tick the box that matches the
Total Pain Score

0 – 2  3 – 7  8 – 13  14+
No pain Mild Moderate Severe

Finally, tick the box which matches the type of pain
Chronic  Acute  Acute on Chronic

Dementia Care Australia Pty Ltd
Website: www.dementiacareaustralia.com

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