

Abbey Pain Scale

Date and time: _____ Resident's name: _____

Name of person completing the scale: _____ Designation of person completing the scale: _____

Name of last pain relief medication: _____ Dosage of last pain relief: _____ Time of last pain relief: _____

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Q3	Change in body language (e.g. fidgeting, rocking, guarding part of body, withdrawn)				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

Pain severity

Tick the box that matches the total score.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-2	3-7	8-13	14+
No pain	Mild	Moderate	Severe

Type of pain

Tick the box that matches pain severity.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild	Moderate	Severe
Chronic	Acute	Acute on chronic

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

Modified Abbey Pain Scale

Scoring guide: Absent - 0; Mild - 1; Moderate - 2; Severe - 3

Vocalization (e.g. whimpering, groaning, crying)									
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
Facial expression (e.g. looking tense, frowning, grimacing, looking frightened)									
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
Change in body language (e.g. fidgeting, rocking, guarding part of body, withdrawn)									
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
Behavioral change (e.g. increased confusion, refusing to eat, alternation in usual patterns)									
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
Physiological change (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)									
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:
Physical changes (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)									
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:	Score:

Total score									
Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7	Date 8	Date 9	Date 10
Notes									

Additional notes

Signature of person:
