

# Abbey Pain Scale

Resident's name: \_\_\_\_\_

Date and time: \_\_\_\_\_

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

**Q1**

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

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

**Q2**

**Q3 Change in Body Language(e.g. fidgeting, rocking, guarding part of body, withdrawn)**

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

**Q3**

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

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

**Q4**

**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

**Q5**

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

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

**Q6**

**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+
<b>No Pain</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>

## Type of Pain

Tick the box that matches pain severity.

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

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

## Modified Abbey Pain Scale

	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time
<b>Vocalization (e.g. whimpering, groaning, crying)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Facial Expression (e.g. looking tense, frowning, grimacing, looking frightened)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Change in Body Language (e.g. fidgeting, rocking, guarding part of body, withdrawn)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Behavioral Change (e.g. increased confusion, refusing to eat, alternation in usual patterns)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Physiological Change (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Physical Changes (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Total Score:</b>							
Did the pain increase (+) or decrease (-) from initial previous test?  Add (+) or (-) to score.							

## Modified Abbey Pain Scale

	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time	Score, date, and time
<b>Vocalization (e.g. whimpering, groaning, crying)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Facial Expression (e.g. looking tense, frowning, grimacing, looking frightened)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Change in Body Language (e.g. fidgeting, rocking, guarding part of body, withdrawn)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Behavioral Change (e.g. increased confusion, refusing to eat, alternation in usual patterns)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Physiological Change (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Physical Changes (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)</b>							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
<b>Total Score:</b>							
Did the pain increase (+) or decrease (-) from initial previous test?  Add (+) or (-) to score.							

### Pain Severity Legend

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

### Type of Pain

Mild	Moderate	Severe
Chronic	Acute	Acute on Chronic

Signature of Person Completing the Scale:

---