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
   Q1

Q2. Facial expression
   eg: looking tense, frowning grimacing, looking frightened 
   Absent 0   Mild 1   Moderate 2   Severe 3
   Q2

Q3. Change in body language
   eg: fidgeting, rocking, guarding part of body, withdrawn 
   Absent 0   Mild 1   Moderate 2   Severe 3
   Q3

Q4. Behavioural Change
   eg: increased confusion, refusing to eat, alteration in usual patterns
   Absent 0   Mild 1   Moderate 2   Severe 3
   Q4

Q5. Physiological change
   eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
   Absent 0   Mild 1   Moderate 2   Severe 3
   Q5

Q6. Physical changes
   eg: skin tears, pressure areas, arthritis, contractures, previous injuries.
   Absent 0   Mild 1   Moderate 2   Severe 3
   Q6

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

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
(This document may be reproduced with this acknowledgment retained)