



PAIN ASSESSMENT SCALE

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

Enter pain score for each of the following six areas:

Absent 0, mild 1, moderate 2, severe 3



Vocalisation (e.g. whimpering, groaning, crying)



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



Body Language (e.g. fidgeting, rocking, guarding body, withdrawn)



Behaviour Change (e.g. abnormal confusion, appetite or patterns)



Physiological Change (e.g. temperature, pulse, blood pressure, perspiring, flushing or pallor)



Physical Change (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)



Add scores for 1–6 and record the total pain score:



TOTAL PAIN SCORE

0–2 No Pain

3–7 Mild

8–13 Moderate

14+ Severe