

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Q3 Change in Body Language(e.g. fidgeting, rocking, guarding part of body, withdrawn)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

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

Type of Pain

Tick the box that matches pain severity.

☐	☐	☐
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 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
Vocalization (e.g. whimpering, groaning, crying)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Facial Expression (e.g. looking tense, frowning, grimacing, looking frightened)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Change in Body Language (e.g. fidgeting, rocking, guarding part of body, withdrawn)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Behavioral Change (e.g. increased confusion, refusing to eat, alternation in usual patterns)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Physiological Change (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Physical Changes (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Total Score:							
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
Vocalization (e.g. whimpering, groaning, crying)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Facial Expression (e.g. looking tense, frowning, grimacing, looking frightened)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Change in Body Language (e.g. fidgeting, rocking, guarding part of body, withdrawn)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Behavioral Change (e.g. increased confusion, refusing to eat, alternation in usual patterns)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Physiological Change (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Physical Changes (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)							
Absent - 0 Mild - 1 Moderate - 2 Severe - 3							
Total Score:							
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:
