The 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eg fidgeting, rocking, guarding part of body, withdrawn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 Q1 to Q6 and record here ⟹ Total pain score [ ]

Now tick the box that matches
the Total pain score ⟹

0–2 No pain	3–7 Mild	8–13 Moderate	14+ Severe

Finally, tick the box which matches
the type of pain ⟹

Chronic	Acute	Acute on chronic

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