Dementia Support Australia

Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

Name: _____ *(person being assessed)*

D.O.B: _____

Completed by: _____ *(name and designation)*

Date: _____ **Time:** _____

Latest pain relief given was _____ **at** _____

Enter pain score for each of the following six areas:

Absent 0, mild 1, moderate 2, severe 3

1. **Vocalisation** (e.g. whimpering, groaning, crying)	☐
2. **Facial expression** (e.g. looking tense, frowning, grimacing, looking frightened)	☐
3. **Change in body language** (e.g. fidgeting, rocking, guarding part of body, withdrawn)	☐
4. **Behavioural change** (e.g. increased confusion, refusing to eat, alteration in usual patterns)	☐
5. **Physiological change** (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)	☐
6. **Physical changes** (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)	☐
Add scores for 1–6 and record the total pain score	☐

Tick the box that matches the total pain score

0–2 no pain ☐ 3–7 mild ☐ 8–13 moderate ☐ 14+ severe ☐

Tick the box that matches the type of pain

Chronic ☐ Acute ☐ Acute on chronic ☐

Abbey, J. A., Piller, N., DeBellis, A., Esteman, A., Parker, D., Giles, L., Lowcay, B. (2004). The Abbey Pain Scale. A 1-minute numerical indicator for people with late-stage dementia. International Journal of Palliative Nursing, 10(1), 6–13. (This document may be reproduced with this acknowledgement retained)

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