

ABBAY PAIN SCALE

Name : _____

d.o.b. : _____

Tested by : _____

Date : _____ Time : _____

Last pain relief given was _____ at _____ hrs

SCORE : _____

		<i>Mild 1</i>	<i>Moderate 2</i>	<i>Severe 3</i>
Q1.	Vocalisation eg. whimpering, groaning,	Q1	<input type="checkbox"/>	
Q2.	Facial expression eg: looking tense, frowning grimacing, looking	Q2	<input type="checkbox"/>	
Q3.	Change in body language eg: fidgeting, rocking, guarding part of body,	Q3	<input type="checkbox"/>	
Q4.	Behavioural Change eg: increased confusion, refusing to eat, alteration in usual patterns	Q4	<input type="checkbox"/>	
Q5.	Physiological change eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor	Q5	<input type="checkbox"/>	
Q6.	Physical changes eg: skin tears, pressure areas, arthritis, contractures, previous injuries.	Q6	<input type="checkbox"/>	

Total Pain Score

0-2 No pain	3-7 Mild	8-13 Moderate	14+ Severe
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Chronic	Acute	Acute on chronic
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