

To be completed on each resident: on admission if resident taking pain killers; if resident appears in pain; and always at six-monthly review

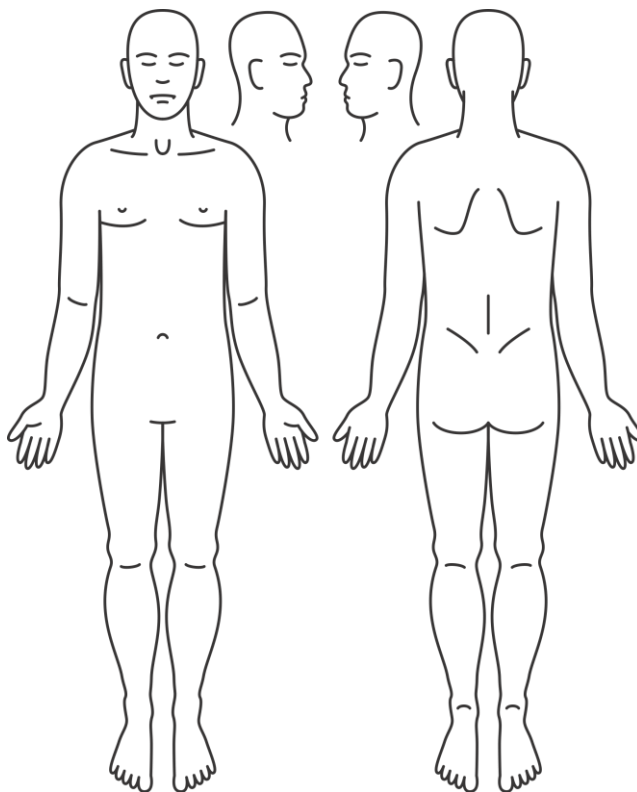
Name of care home

Name of resident

Date of admission

Date of first assessment

Current medications being taken by the resident



### Pain intensity scale

If 0 out of 10 = no pain and 10 out of 10 = worst pain you have ever had in your whole life, what score out of 10 would you give the pain you currently have?

- 10  The worst pain you have ever had
- 9
- 8  Very severe pain
- 7
- 6  Severe pain
- 5
- 4  Moderate pain
- 3
- 2  Mild pain
- 1
- 0  No pain

1 Where is or are your worst pain(s)? Please mark the site of pain on the body chart above left 🏠

2 How bad is the pain on the intensity scale? Please tick the relevant box in the pain intensity chart above right 🏠

3 How long has the pain been present?

4 Does anything make the pain worse?

5 Does anything make the pain better?

**StChristopher's**

# Doloplus 2 scale behavioural assessment

Use this assessment chart when a person is unable to accurately describe their pain <b>IMPORTANT</b> Do not compare scores between different people. The reactions to symptoms or behaviours as below may have causes other than pain, such as infection or emotional distress. This scale only measures changes which suggest pain. <i>Adapted from Lefebvre-Chapiro and the DOLOPLUS2 group (2001)</i>		Date	Date	Date	Date
<b>Somatic reactions</b>					
<b>1 Pain expressed through words, gesture, tears or moaning</b>	No complaints of any pain	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Complaints of pain only when asked	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Complaints of pain occasionally even when not asked	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Complaints of pain continuously noticed even when not asked	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>2 Unusual protective body position adopted at rest</b>	No protective body posture observed	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	The person occasionally avoids certain positions due to pain	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	The person always tries to find a protective position and when they do they achieve pain relief	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	The person continuously tries to find a protective position without achieving pain relief	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>3 Protection of sore area by defensive action or gesture</b>	No protective action taken	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Attempts by resident to protect sore area but this doesn't interfere with care delivery	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Attempts by resident to protect the area which does interfere with care delivery	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Protective action taken by resident at rest, even when not approached	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>4 Facial expression – grimace, drawn or atonic</b>	Usual expression	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Expression showing pain when approached	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Expression showing pain even without being approached	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Permanent and unusually blank look (voiceless, staring, looking blank)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>5 Sleep pattern</b>	Normal sleep	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Difficult to go to sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Frequent waking (restlessness)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Insomnia affecting waking times	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>Psychomotor reactions</b>					
<b>6 Washing and/or dressing</b>	Usual abilities and activities remain unaffected	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Usual abilities slightly affected (may need more help) as a result of discomfort	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Usual abilities and washing and/or dressing is much more difficult	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Level of pain makes washing and/or dressing very difficult or impossible to complete	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>7 Mobility</b>	Usual abilities and activities remain unaffected	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Usual activities reduced (person avoids certain movements and reduces walking distance)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Usual activities and abilities reduced (even with help, the patient cuts down on movements)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Any movement is impossible and the patient resists all persuasion	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>Psychosocial reactions</b>					
<b>8 Communication</b>	Unchanged	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Heightened (the resident demands attention in an unusual manner)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Lessened (the resident cuts him/herself off)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Absence or refusal of any form of communication	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>9 Social life</b>	Participates at their normal level of activity (meals, entertainment, therapy)	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Needs more encouragement than usual to participate in activity or eat food	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Sometimes refuses to participate in the activity and/or refuses usual amount of food	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Refuses to participate in anything and does not eat (a change from usual)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>10 Problems of behaviour</b>	Normal behaviour for this resident	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	Development of occasional behaviour which has negative consequences	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	Development of frequent behaviour which has negative consequences	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Development of continuous behaviour which has negative consequences	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>SCORE</b>	<b>A score of FIVE or more indicates PAIN</b>				



