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## Pain Assessment IN Advanced Dementia- PAINAD (Warden, Hurley, Volicer, 2003)

ITEMS	0	1	2	SCORE
<b>Breathing</b> Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
<b>Negative vocalization</b>	None	Occasional moan or groan. Low- level of speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
<b>Facial expression</b>	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	
<b>Body language</b>	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
<b>Consolability</b>	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
<b>TOTAL*</b>				

\*Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), Obtained scores are not to be used to inter absolute pain intensity. For example, a score of 10 on the PAINAD is not necessarily equal to a Numerical Pain Scale rate of 10 (severe pain). Instead, compare the total score to the previous score received. An increased score suggests an increase in pain, while a lower score suggests pain is decreased.

**Instructions:** Observe the older person for 3-5 minutes during activity/with movement (such as bathing, turning, transferring). For each of the items included in the PAINAD, select the score (0, 1, or 2) that reflects the current state of the person’s behavior. Add the score for each item to achieve a total score. Monitor changes in the total score over time and in response to treatment to determine changes in pain. An increased score suggests an increase in pain, while a lower score suggests pain is decreased.

**Note:** Behavior observation scores should be considered in conjunction with knowledge of existing painful conditions and report from an individual knowledgeable of the person and their pain behaviors.

Remember that some individuals may not demonstrate obvious pain behaviors or cues.

**Reference:** Warden, V, Hurley AC, Volicer, V. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) Scale. *J Am Med Dir Assoc*, 4:9-15.