Pain Assessment in Advanced Dementia (PAINAD) Scale

Name:	Gender:	Date of birth:
Name of healthcare professional:		Date of assessment:
Traine of ficaltificate professional.		Date of assessment.

Instructions: Observe the patient for five minutes before scoring his or her behaviors. Score the behaviors according to the following chart. Definitions of each item are provided on the following page. The patient can be observed under different conditions (e.g., at rest, during a pleasant activity, during caregiving, or after the administration of pain medication).

Behavior	0	1	2	Score
Breathing independent of vocalization	Normal	 Occasional labored breathing Short period of hyperventilation 	 Noisy labored breathing Long period of hyperventilation Cheyne-Stokes respirations 	
Negative vocalization	None	 Occasional moan or groan Low-level speech with a negative or disapproving quality 	 Repeated troubled calling out Loud moaning or groaning Crying 	
Facial expression	Smiling or inexpressive	SadFrightenedFrown	Facial grimacing	
Body language	Relaxed	TenseDistressed pacingFidgeting	 Rigid Fists clenched Knees pulled up Pulling or pushing away Striking out 	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract, or reassure	

Scoring and interpretation

The total score ranges from 0-10 points. A possible interpretation of the scores is:

- 1-3 = mild pain;
- 4-6 = moderate pain;
- 7-10 = severe pain.

These ranges are based on a standard 0-10 scale of pain but have not been substantiated in the literature for this tool.

PAINAD item definitions

Breathing

- 1. Normal breathing is characterized by effortless, quiet, rhythmic (smooth) respirations.
- 2. Occasional labored breathing is characterized by episodic bursts of harsh, difficult, or wearing respirations.
- **3. Short period of hyperventilation** is characterized by intervals of rapid, deep breaths lasting a short period of time.
- **4. Noisy labored breathing** is characterized by negative-sounding respirations on inspiration or expiration. They may be loud, gurgling, wheezing. They appear strenuous or wearing.
- **5. Long period of hyperventilation** is characterized by an excessive rate and depth of respirations lasting a considerable time.
- **6. Cheyne-Stokes respirations** are characterized by rhythmic waxing and waning of breathing from very deep to shallow respirations with periods of apnea (cessation of breathing).

Negative vocalization

- 1. None is characterized by speech or vocalization that has a neutral or pleasant quality.
- **2. Occasional moan or groan** is characterized by mournful or murmuring sounds, wails, or laments. Groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
- **3. Low-level speech with a negative or disapproving quality** is characterized by muttering, mumbling, whining, grumbling, or swearing in a low volume with a complaining, sarcastic, or caustic tone.
- **4. Repeated troubled calling out** is characterized by phrases or words being used over and over in a tone that suggests anxiety, uneasiness, or distress.
- **5. Loud moaning or groaning** is characterized by mournful or murmuring sounds, wails, or laments in much louder than usual volume. Loud groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
- 6. Crying is characterized by an utterance of emotion accompanied by tears. There may be sobbing or quiet weeping.

Facial expression

- **1. Smiling or inexpressive.** Smiling is characterized by upturned corners of the mouth, brightening of the eyes, and a look of pleasure or contentment. Inexpressive refers to a neutral, at ease, relaxed, or blank look.
- 2. Sad is characterized by an unhappy, lonesome, sorrowful, or dejected look. There may be tears in the eyes.
- 3. Frightened is characterized by a look of fear, alarm, or heightened anxiety. Eyes appear wide open.
- **4. Frown** is characterized by a downward turn of the corners of the mouth. Increased facial wrinkling in the forehead and around the mouth may appear.
- **5. Facial grimacing** is characterized by a distorted, distressed look. The brow is more wrinkled, as is the area around the mouth. Eyes may be squeezed shut.

Body language

- 1. Relaxed is characterized by a calm, restful, mellow appearance. The person seems to be taking it easy.
- **2. Tense** is characterized by a strained, apprehensive, or worried appearance. The jaw may be clenched. (Exclude any contractures.)
- **3. Distressed pacing** is characterized by activity that seems unsettled. There may be a fearful, worried, or disturbed element present. The rate may be faster or slower.
- **4. Fidgeting** is characterized by restless movement. Squirming about or wiggling in the chair may occur. The person might be hitching a chair across the room. Repetitive touching, tugging, or rubbing body parts can also be observed.
- **5. Rigid** is characterized by stiffening of the body. The arms and/or legs are tight and inflexible. The trunk may appear straight and unyielding. (Exclude any contractures.)
- **6. Fists clenched** is characterized by tightly closed hands. They may be opened and closed repeatedly or held tightly shut.
- **7. Knees pulled up** is characterized by flexing the legs and drawing the knees up toward the chest. An overall troubled appearance. (Exclude any contractures.)
- **8. Pulling or pushing away** is characterized by resistiveness upon approach or to care. The person is trying to escape by yanking or wrenching him- or herself free or shoving you away.
- 9. Striking out is characterized by hitting, kicking, grabbing, punching, biting, or other form of personal assault.

 Distracted or reassured by voice or touch is characterized by a disruption in the behavior when the person is spoken to or touched. The behavior stops during the period of interaction, with no indication that the person is at al distressed. Unable to console, distract, or reassure is characterized by the inability to soothe the person or stop a behavior with words or actions. No amount of comforting, verbal or physical, will alleviate the behavior. 							
dditional notes							

Warden, V., Hurley, A. C., & Volicer, L. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *Journal of the American Medical Directors Association, 4*(1), 9–15. https://doi.org/10.1097/01.JAM.0000043422.31640.F7

Consolability