## **Supplementary File 2**

Abbey Pain Scale			
Name of resident			
For measurement of pain in people with dementia who cannot verbalise			
How to use scale: While observing the resident, score questions 1 to 6			
Name/designation of person completing the scale			
Date			
Latest pain relief given was at h			hours
Q1	Vocalisation		
	eg. whimpering, groaning, crying		
	Absent 0 Mild 1 Moderate 2	Severe 3	
Q2	Facial expression		
	eg. looking tense, frowning, grimacing, looking frig	ntened	
	Absent 0 Mild 1 Moderate 2 Severe 3		
Q3	Change in body language eq. fldgeting. rocking, guarding part of body, withdrawn		
	Absent 0 Mild 1 Moderate 2	Severe 3	
Q4	Behavioural change		
4.	eg. Increased confusion, refusing to eat, alteration in usual patterns		
	Absent 0 Mild 1 Moderate 2	Severe 3	
Q5	Physiological change		
	eg. temperature, pulse or blood pressure outside of normal limits, perspiring		
	Absent 0 Mild 1 Moderate 2	Severe 3	
Q6	Physical changes		
	eg. skin tears, pressure areas, arthritis, contractures,	·	
	Absent 0 Mild 1 Moderate 2	Severe 3	
Add scores for 1–6 and record here Total pain score			
	w tick the box that matches 0-2 total pain score No pain	3-7 8-13 14+ Mild Moderate Severe	
the total pain score severe			
	ally, tick the box that matches	Chronic Acute Acute	
the type of pain Chronic			

The Abbey Pain Scale

Source: Abbey J, De Bellis A, Piller N, Esterman A, Giles L, Parker D, Lowcay B. Funded by the JH & JD Gunn Medical Research Foundation 1998–2002