

PAIN ASSESSMENT COLLECTION TOOL – RESIDENT

DIRECTIONS: Interview the resident using the guidance found in Appendix D, Interviewing to Increase Resident Voice in MDS Assessments, of the MDS 3.0 RAI User's Manual. It is also recommended to use this resident interview approach for interim and as needed pain assessments regardless of whether the pain assessment is being completed as part of the MDS Item Set. Conduct the interview in a quiet, private setting, making sure the resident can hear you. Residents with hearing impairments should be interviewed using their usual communication device/technique.

	ASSMT	
Assessment Reference Date (if applicable)		
Resident Interview Date		
Reason for Assessment 1 = MDS Pain Assessment 2 = Interim or As Needed Pain Assessment (Non required MDS Assessment)	<input type="radio"/> 1 <input type="radio"/> 2	
Should Pain Assessment Interview be Conducted? – Attempt to conduct interview with all residents.		
No (resident is rarely/never understood, comatose, or an interpreter is required but not available) → Skip to Staff Assessment Yes → Continue to Pain Presence	<input type="radio"/> No <input type="radio"/> Yes	
Pain Presence		
Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip remainder of interview 1. Yes → Continue to Pain Frequency 9. Unable to answer → Skip to Staff Assessment		
Pain Frequency		
Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 4. Almost Constantly 2. Occasionally 9. Unable to answer 3. Frequently		
Pain Effect on Sleep		
Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?" 1. Rarely or not at all 4. Almost Constantly 2. Occasionally 8. Unable to answer 3. Frequently		
Pain Interference with Therapy Activities		
Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 4. Almost Constantly 2. Occasionally 8. Unable to answer 3. Frequently		
Pain Interference with Day-to-Day Activities		
Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 4. Almost Constantly 2. Occasionally 8. Unable to answer 3. Frequently		
Pain Intensity – Administer ONLY ONE of the following pain intensity questions (A or B)		
A. <input type="radio"/> Numeric Rating Scale (00-10) Ask resident "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.		
B. <input type="radio"/> Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale) 1. Mild 3. Severe 9. Unable to answer 2. Moderate 4. Very severe, horrible		
SIGNATURE/TITLE		
Signature/Title: _____ Date: _____		

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

PAIN ASSESSMENT COLLECTION TOOL – STAFF ASSESSMENT

Should the Staff Assessment for Pain be Conducted: No - resident was able to complete the Pain Interview Yes - resident was unable to complete the Pain Interview		<input type="radio"/> No <input type="radio"/> Yes			
		ASSMT			
Assessment Reference Date (if applicable)					
Staff Assessment Date					
Reason for Assessment 1 = MDS Pain Assessment 2 = Interim or As Needed Pain Assessment (Non required MDS Assessment)		<input type="radio"/> 1 <input type="radio"/> 2			
Indicators of Pain or Possible Pain in the last 5 days Initial all that apply					
A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)					
B. Vocal complaints of pain (e.g., that hurts, ouch, stop)					
C. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)					
D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)					
Z. None of these signs observed or documented → If no indicators/signs present, skip Frequency below					
Frequency of Indicator of Pain or Possible Pain in the last 5 days					
Frequency with which resident complains or shows evidence of pain or possible pain					
1. Indicators of pain or possible pain observed 1 to 2 days					
2. Indicators of pain or possible pain observed 3 to 4 days					
3. Indicators of pain or possible pain observed daily					
Additional Comments					
SIGNATURE/TITLE					
Signature/Title: _____ Date: _____					
NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed