



Department of Occupational Therapy
PAINAD and Pain Log

Date: _____

Time: _____

Observed (please circle):

AT REST

WHILE ACTIVE

PAINAD Questionnaire

This form is intended to help you record the pain experienced by your family member. It is important that you put the date and time on log so you can keep track of changes over time and see if patterns appear. It is also important to use the PAINAD both at rest and during activity as pain can change depending on what the person is doing. If you are not sure what some of the terms mean they are defined on the pages after this.

	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.	Sad. Frightened. Frown.	Facial grimacing.	
Body language	Relaxed.	Tense. Distressed pacing. Fidgeting.	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.	

TOTAL

What prompted you to complete the PAINAD at this point?

What activity were you doing when you decided to complete the PAINAD? (for example, helping your family member dress, or move in bed, or eat a meal, etc)

In addition to what is listed in the PAINAD form, are there other things that your family member did or said that you believe indicated he/she was in pain?

Other comments or notes?