# NOPPAIN
(Non-Communicative Patient’s Pain Assessment Instrument)

## ACTIVITY CHART CHECK LIST

**Name of Evaluator:**

**Title:**

**Signature:**

**Date:**

**Time:**

**DIRECTIONS:** Nursing assistant should complete at least 5 minutes of daily care activities for the resident while observing for pain behaviors. This form should be completed immediately following care activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Did you do this?</th>
<th>Did you see pain when you did this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Put resident in bed OR saw resident lying down</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(b) Turned resident in bed</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(c) Transferred resident (bed to chair, chair to bed, standing or wheelchair to toilet)</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(d) Sat resident up (bed or chair) OR saw resident sitting</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(e) Dressed resident</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(f) Fed resident</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(g) Helped resident stand OR saw resident stand</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(h) Helped resident walk OR saw resident walk</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
<tr>
<td>(i) Bathed resident OR gave resident sponge bath</td>
<td>![Icon] YES</td>
<td>![Icon] NO</td>
</tr>
</tbody>
</table>

**REMEMBER:** Make sure to **ASK THE PATIENT** if he/she is in pain!

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### Pain Response/Responsibility (What did you see and hear?)

#### Pain Words?
- “I hurt!”
- “I’m allergic!”
- “Don’t touch!”
- “Stop that!”

- YES
- NO

- How intense was the pain words?

#### Pain Faces?
- Grimace
- Bowed brow
- Winces

- YES
- NO

- How intense were the pain faces?

#### Pain Noises?
- Screams
- Groans
- Grunts

- YES
- NO

- How intense were the pain noises?

#### Pain Noises?
- Wheezing
- Coughing
- Sputtering

- YES
- NO

- How intense were the pain noises?

#### Rubbing?
- Managing affected area

- YES
- NO

- How intense was the rubbing?

#### Restlessness?
- Frequent sitting, rocking
- Inability to stay still

- YES
- NO

- How intense was the restlessness?

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### Locate Problem Areas

Please “X” the site of any pain.
Please “O” the site of any skin problems.

- **FRONT**
- **BACK**

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*Snow AL, O’Malley K, Kunik M, Cody M, Buerja E, Beck C, Ashton C. Developed with support from the U.S. Veterans Affairs Health Services Research & Development Service and the National Institute of Mental Health. For more information, contact Dr. Snow at snow@com.unc.edu. This document may be reproduced*
NOPPAIN pg.2
(Non-Communicative Patient’s Pain Assessment Instrument)

ACTIVITY CHART CHECK LIST

Name of Evaluator: ____________________________________________
Title: ___________________________________ Signature: ____________________________
Date: ____________________________ Time: ____________________________

PAIN THERMOMETER SCALE
Rate the Resident’s pain at the highest level you observed during care.
(circle your answer)