## NOPPAIN

(Non-Communicative Patient’s Pain Assessment Instrument)

### ACTIVITY CHART CHECK LIST

<table>
<thead>
<tr>
<th>Name of Evaluator:</th>
<th>Title:</th>
<th>Signature:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

### 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>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(b) Turned resident in bed</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(c) Transferred resident (bed to chair; chair to bed; standing or wheelchair to toilet)</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(d) Sat resident up (bed or chair) OR saw resident sitting</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(e) Dressed resident</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(f) Fed resident</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(g) Helped resident stand OR saw resident stand</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(h) Helped resident walk OR saw resident walk</td>
<td>□ YES □ NO</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>(i) Bathed resident OR gave resident sponge bath</td>
<td>□ YES □ NO</td>
<td>□ YES □ 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?
- "That hurts!" - "Ouch!" - "Stop that!"

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

#### Pain Noises?
- Means - groans - grunts - cries - grunts - sighs
- How intense were the pain noises?

#### Pain Locations?
- Head
- Chest
-back

#### Bracing?
- Holding
- Guarding
- Inability to move

#### Rubbing?
- Massaging affected area
- How intense was the rubbing?

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

### Locate Problem Areas

Please "X" the site of any pain
Please "O" the site of any skin problems

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Snow AL, O’Malley K, Kunik M, Cody M, Bruna 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 asnow@bcom.ubc.ca. (This document may be reproduced)

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NOPAIN 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)