

<b>Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II)</b>	
Date of Assessment: _____ Time: _____	Check if present
<b>Facial Expressions</b>	
1. Grimacing	
2. Tighter face	
3. Pain expression	
4. Increased eye movement	
5. Wincing	
6. Opening mouth	
7. Creasing forehead	
8. Lowered eyebrows or frowning	
9. Raised cheeks, narrowing of the eyes or squinting	
10. Wrinkled nose and raised upper lip	
11. Eyes closing	
<b>Verbalizations and Vocalizations</b>	
12. Crying	
13. A specific sound for pain (e.g., 'ow', 'ouch')	
14. Moaning and groaning	
15. Grunting	
16. Gasping or breathing loudly	
<b>Body Movements</b>	
17. Flinching or pulling away	
18. Thrashing	
19. Refusing to move	
20. Moving slow	
21. Guarding sore area	
22. Rubbing or holding sore area	
23. Limping	
24. Clenched fist	
25. Going into foetal position	
26. Stiff or rigid	
27. Shaking or trembling	
<b>Changes in Interpersonal Interactions</b>	
28. Not wanting to be touched	
29. Not allowing people near	
<b>Changes in Activity Patterns or Routines</b>	
30. Decreased activity	
<b>Mental Status Changes</b>	
31. Are there mental status changes that are due to pain <u>and</u> are not explained by another condition (e.g., delirium due to medication, etc.)?	
<b>TOTAL SCORE</b> (Add up checkmarks)	

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