# MDS 3.0 Recommended Items on Pain

## Section J  Health Conditions

### J1. Pain Management (answer for all residents, regardless of current pain level)

At any time in the last 5 days, has the resident:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Yes</td>
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</tbody>
</table>

- **a.** Been on a scheduled pain medication regimen?
  - 0. No
  - 1. Yes

- **b.** Received PRN pain medications?
  - 0. No
  - 1. Yes

- **c.** Received non-medication intervention for pain?
  - 0. No
  - 1. Yes

### J2. Should Pain Assessment Interview be Conducted?—Attempt to conduct interview with all residents

- 0. No (resident is rarely/never understood) ➔ Instead complete J8, Staff Assessment for Pain
  - 1. Yes ➔ Continue to J3, Pain Presence

### Pain Assessment Interview

#### J3. Pain Presence

Ask resident: *Have you had pain or hurting at any time in the last 5 days?*

- 0. No ➔ Skip to J9, Shortness of Breath
- 1. Yes ➔ Continue to J4, Pain Frequency
- 9. Unable to answer ➔ Skip to J8, Staff Assessment for Pain

#### J4. Pain Frequency

Ask resident: *How much of the time have you experienced pain or hurting over the last 5 days?*

- 1. Almost constantly
- 2. Frequently
- 3. Occasionally
- 4. Rarely
- 9. Unable to answer

#### J5. Pain Effect on Function

- **a.** Ask resident: *Over the past 5 days, has pain made it hard for you to sleep at night?*
  - 0. No
  - 1. Yes
  - 9. Unable to answer

- **b.** Ask resident: *Over the past 5 days, have you limited your day-to-day activities because of pain?*
  - 0. No
  - 1. Yes
  - 9. Unable to answer
## Section J  Health Conditions

### J6. Pain Intensity—Administer one of the following pain intensity questions (a or b)

<table>
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<tr>
<th>Code</th>
<th>Question and Instructions</th>
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| a.   | **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 0–10 pain scale.)  
  Enter two-digit response. Enter 99 if unable to answer. |
| b.   | **Verbal Descriptor Scale**  
  Ask resident: “Please rate the intensity of your worst pain over the last 5 days” (Show resident verbal scale.)  
  1. **Mild**  
  2. **Moderate**  
  3. **Severe**  
  4. **Very severe, horrible**  
  9. **Unable to answer** |

### J7. Should the Staff Assessment for Pain be Completed?

<table>
<thead>
<tr>
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<th>Question and Instructions</th>
</tr>
</thead>
</table>
| 0.   | **No** (resident completed Pain Assessment Interview)  
  Skip to J9, Shortness of Breath |
| 1.   | **Yes** (resident was unable to complete Pain Assessment Interview)  
  Continue to J8, Staff Assessment for Pain |

### Staff Assessment for Pain

Do not conduct if Pain Assessment Interview (J2-J6) completed.

### J8. Indicators of pain or possible pain.

Select all that apply in last 5 days:

- **a. Non-verbal sounds** (crying, whining, gasping, moaning, or groaning)
- **b. Vocal complaints of pain** (that hurts, ouch, stop)
- **c. Facial expressions** (grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)
- **d. Protective body movements or postures** (bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
- **e. None of these signs observed or documented**