# Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II)

<table>
<thead>
<tr>
<th>Date of Assessment:</th>
<th>Time:</th>
<th>Check if present</th>
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## Facial Expressions
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

## Verbalizations and Vocalizations
12. Crying
13. A specific sound for pain (e.g., ‘ow’, ‘ouch’)
14. Moaning and groaning
15. Grunting
16. Gasping or breathing loudly

## Body Movements
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

## Changes in Interpersonal Interactions
28. Not wanting to be touched
29. No allowing people near

## Changes in Activity Patterns or Routines
30. Decreased activity

## Mental Status Changes
31. Are there mental status changes that are due to pain and are not explained by another condition (e.g., delirium due to medication, etc.)?

**Total Score (Add up checkmarks)**

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