

Dalhousie Everyday Pain Scale

Date: _____ Observer: _____

Time: _____ (A.M./P.M.) Subject's Name: _____

Class: _____ Age: _____ (mos)

ID#: _____

LOCATION: Code: _____

Outside: playground / park / other

Inside: library / block area / art area / housekeeping / kitchen / gym / other

BEHAVIORAL CONTEXT

ACTIVITY LEVEL 1 ----- 2 ----- 3 ----- 4 ----- 5
low medium high

TONE 1 ----- 2 ----- 3 ----- 4 ----- 5
calm agitated

NUMBER OF PARTICIPANTS 1 2 3-5 6 or more

LEVEL OF PERSONAL CONTROL 1 ----- 2 ----- 3 ----- 4 ----- 5
high low

DESCRIPTION OF INCIDENT

BODY LOCATION: Code: _____

HURT CAUSED BY: self other child adult object

PERCEIVED SEVERITY OF HURT: 0 ----- 1 ----- 2 ----- 3 ----- 4
no hurt severe hurt

SUBJECT'S RESPONSE

INTENSITY OF DISTRESS 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5
none facial verbal sobbing crying screaming
expression comment

Duration of distress: _____ (secs)

INTENSITY OF ANGER 1 ----- 2 ----- 3 ----- 4 ----- 5
none facial angry verbal physical
expression behavior aggression aggression

Aggression directed toward: object hurter helper other person

PROTECTIVE BEHAVIORS: none holding favoring reduction of activity
Duration of protective behaviors: _____ (secs)

SOCIAL RESPONSE: withdrawal neutral help-seeking

ADULT RESPONSE: none distraction verbal physical first aid
comfort comfort

COMMENTS: