**Appendix**

**NOPPAIN**
*(Non-Communicative Patient’s Pain Assessment Instrument)*

**Activity Chart Check List**

**DIRECTIONS:** Nursing assistant should complete at least 5 minutes of daily care activities for the resident while observing for pain behaviors. Both pages of this form should be completed immediately following care activities.

<table>
<thead>
<tr>
<th>Did you see pain when you did this?</th>
<th>Did you see pain when you did this?</th>
<th>Did you see pain when you did this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Yes or No</td>
<td>Check Yes or No</td>
<td>Check Yes or No</td>
</tr>
<tr>
<td>[ ] YES</td>
<td>[ ] YES</td>
<td>[ ] YES</td>
</tr>
<tr>
<td>[ ] NO</td>
<td>[ ] NO</td>
<td>[ ] NO</td>
</tr>
</tbody>
</table>

- **(a)** Put resident in bed
  - [ ] Yes
  - [ ] No

- **(b)** Turned resident in bed
  - [ ] Yes
  - [ ] No

- **(c)** Transferred resident
  - [ ] Yes
  - [ ] No

- **(d)** Sat resident up
  - [ ] Yes
  - [ ] No

- **(e)** Dressed resident
  - [ ] Yes
  - [ ] No

**ASK THE PATIENT:** Are you in pain? [ ] Yes [ ] No

**ASK THE PATIENT:** Do you hurt? [ ] Yes [ ] No

**Pain Response (What did you see and hear during care?)**

- **Pain Words?**
  - [ ] Yes
  - [ ] No

- **Pain Faces?**
  - [ ] Yes
  - [ ] No

- **Bracing?**
  - [ ] Yes
  - [ ] No

- **Pain Noise?**
  - [ ] Yes
  - [ ] No

- **Rubbing?**
  - [ ] Yes
  - [ ] No

- **Restlessness?**
  - [ ] Yes
  - [ ] No

**Locate Problem Areas**

*Please “X” the site of any pain

*Please “O” the site of any skin problems*

**FRONT**

**BACK**

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