### Interview for the MDS 3.0

**Resident Name:** ___________________________ **Rm#** ___________ **ARD Date:** ___________________________

**Should Pain Assessment Interview be Conducted?** - Attempt to conduct interview with all residents.

- If resident is comatose, complete Staff Assessment for Pain.

**Enter Code ↓**

1. **No** (resident is rarely/never understood) → **Skip to and complete**, Indicators of possible pain (reverse side of page)
   - 1. **Yes** → Continue to pain presence

**Pain Presence**

**Enter Code ↓**

- Ask resident "**Have you had pain or hurting at any time** in the last 5 days?"
  - 0. **No** → Interview is complete
  - 1. **Yes** → Continue to pain Frequency question
  - 2. **Unable to answer** → Skip to Indicators of possible pain (reverse side of page)

**Pain Frequency**

**Enter Code ↓**

- Ask resident "**How much of the time have you experienced pain or hurting in the last 5 days?**"
  - 1. Almost constantly
  - 2. Frequently
  - 3. Occasionally
  - 4. Rarely
  - 5. Unable to answer

**Pain Effect on Function**

**Enter Code ↓**

- 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?**"
  - 1. **Yes**
  - 9. **Unable to answer**

**Pain Intensity** - Administer **ONLY ONE** of the following pain intensity questions (A or B)

**Enter Code ↓**

- 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 00-10 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 possible pain over the last 5 days.**" (Show resident verbal scale)
  - 1. Mild
  - 2. Moderate
  - 3. Severe
  - 4. Very severe, horrible
  - 9. Unable to answer

**Signature/Title of person completing Pain Interview** ___________________________ **Date** ___________________________