

**Checklist of Non-Verbal Pain Indicators**

Indicator	With Movement	At Rest	Total Score
<b>Verbal Expressions:</b> Moans, groans, grunts, cries, sighs, gasps, says ouch - or - <b>Vocal Expressions:</b> Swears, says ouch, that hurts, stop, that's enough			
<b>Facial Expression:</b> Winces, grimace, furrowed brow, tight lips/jaw			
<b>Bracing:</b> Clutches, holds side rails, bed, table, or area of pain			
<b>Restlessness:</b> Shifting position, hand movements, unable to keep still			
<b>Rubbing:</b> Touching, holding, rubbing or massaging affected area			
<b>TOTAL:</b>			

**Instructions for use:** Observe the patient at rest *and* with movement.

0 = behavior not observed

1 = behavior is observed (even briefly) during either while at rest *or* with activity

2 = behavior is observed **BOTH** while at rest *and* during activity

Add the "With Movement" and "At Rest" columns to come up with a total score. For example:

Total score of 0 would indicate no indicators were observed with either movement or at rest

A total score of 5 would be reached if all indicators of pain were observed, but only with movement

A total score of 10 would be reached if all indicators of pain were observed both at rest and with activity

**Validity and reliability:**

The Checklist of Non-Verbal Pain Indicators has been shown to be a reliable and valid assessment tool in older adults with acute or chronic pain, in critical care units and adults with dementia.

**References:**

Feldt KS. (2000) The checklist of nonverbal pain indicators. *Pain Management Nursing*, 1(1):13-21.

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Tyberg K. Chlan L. (2006). Interrater agreement of the Checklist of Nonverbal Pain Indicators in intubated and sedated patients in surgical intensive care units (ICUs). *American Journal of Critical Care*, 15(3): 326.