

J0200: Should Pain Assessment Interview Be Conducted?

J0200. Should Pain Assessment Interview be Conducted?

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)

Enter Code

☐

0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
1. **Yes** → Continue to J0300, Pain Presence

Item Rationale

Health-related Quality of Life

- Most residents who are capable of communicating can answer questions about how they feel.
- Obtaining information about pain directly from the resident, sometimes called “hearing the resident’s voice,” is more reliable and accurate than observation alone for identifying pain.

Planning for Care

- Interview allows the resident’s voice to be reflected in the care plan.
- Information about pain that comes directly from the resident provides symptom-specific information for individualized care planning.

J0200: Should Pain Assessment Interview Be Conducted? (cont.)

Steps for Assessment

1. Interact with the resident using their preferred language. Be sure they can hear you and/or have access to their preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. Determine whether or not the resident is rarely/never understood verbally, in writing, or using another method. If the resident is rarely/never understood, skip to item J0800, Indicators of Pain or Possible Pain.
3. Review Language item (A1110) to determine whether or not the resident needs or wants an interpreter.
 - If the resident needs or wants an interpreter, complete the interview with an interpreter.

Coding Instructions

Attempt to complete the interview with all residents.

- **Code 0, no:** if the resident is rarely/never understood or an interpreter is required but not available. Skip to **Indicators of Pain or Possible Pain** item (J0800).
- **Code 1, yes:** if the resident is at least sometimes understood and an interpreter is present or not required. Continue to **Pain Presence**.

Coding Tips and Special Populations

- Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood.
- If the resident interview should have been conducted, but was not done within the look-back period of the ARD (except when an interpreter is needed/requested and unavailable), item J0200 must be coded 1, Yes, and the standard “no information” code (a dash “—”) entered in the Pain Assessment Interview items (J0300–J0600). Item J0700, Should the Staff Assessment for Pain be Conducted?, is coded 0, No.
- Do not complete the Staff Assessment for Pain items (J0800–J0850) if the Pain Assessment Interview should have been conducted but was not done.
- If it is not possible for an interpreter to be present during the look-back period, code J0200 = 0 to indicate the Pain Assessment Interview was not attempted, skip the Pain Assessment Interview items (J0300–J0600), and complete the **Staff Assessment of Pain** item (J0800).

J0300–J0600: Pain Assessment Interview

**J0300. Pain Presence**

Enter Code

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Ask resident: ***“Have you had pain or hurting at any time in the last 5 days?”***

0. **No** → Skip to J1100, Shortness of Breath
1. **Yes** → Continue to J0410, Pain Frequency
9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

J0410. Pain Frequency

Enter Code

☐
Ask resident: ***“How much of the time have you experienced pain or hurting over the last 5 days?”***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
9. **Unable to answer**

J0510. Pain Effect on Sleep

Enter Code

☐
Ask resident: ***“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

J0520. Pain Interference with Therapy Activities

Enter Code

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Ask resident: ***“Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”***

0. **Does not apply - I have not received rehabilitation therapy in the past 5 days**
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

J0530. Pain Interference with Day-to-Day Activities

Enter Code

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Ask resident: ***“Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)

Enter Rating

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.

Enter Code

☐
B. Verbal Descriptor ScaleAsk resident: ***“Please rate the intensity of your worst pain over the last 5 days.”*** (Show resident verbal scale)

1. **Mild**
2. **Moderate**
3. **Severe**
4. **Very severe, horrible**
9. **Unable to answer**

J0300–J0600: Pain Assessment Interview (cont.)



Item Rationale

Health-related Quality of Life

- The effects of unrelieved pain impact the individual in terms of functional decline, complications of immobility, skin breakdown and infections.
- Pain significantly adversely affects a person's quality of life and is tightly linked to depression, diminished self-confidence and self-esteem, as well as an increase in behavior problems, particularly for cognitively impaired residents.
- Some older adults limit their activities in order to avoid having pain. Their report of lower pain frequency may reflect their avoidance of activity more than it reflects adequate pain management.

Planning for Care

- Directly asking the resident about pain rather than relying on the resident to volunteer the information or relying on clinical observation significantly improves the detection of pain.
- Resident self-report is the most reliable means for assessing pain.
- Pain assessment provides a basis for evaluation, treatment need, and response to treatment.
- Assessing whether pain interferes with sleep or activities provides additional understanding of the functional impact of pain and potential care planning implications.
- Assessment of pain provides insight into the need to adjust the timing of pain interventions to better cover sleep or preferred activities.
- The assessment of pain is not associated with any particular approach to pain management. Since the use of opioids is associated with serious complications, an array of successful nonpharmacologic and nonopioid approaches to pain management may be considered. There are a range of pain management strategies that can be used, including but not limited to non-opioid analgesic medications, transcutaneous electrical nerve stimulation (TENS) therapy, supportive devices, acupuncture, biofeedback, application of heat/cold, massage, physical therapy, nerve block, stretching and strengthening exercises, chiropractic, electrical stimulation, radiotherapy, and ultrasound.
- Pain assessment prompts discussion about factors that aggravate and alleviate pain.
- Similar pain stimuli can have varying impact on different individuals.
- Consistent use of a standardized pain intensity scale improves the validity and reliability of pain assessment. Using the same scale in different settings may improve continuity of care.
- Pain intensity scales allow providers to evaluate whether pain is responding to pain medication regimen(s) and/or nonpharmacological intervention(s).

J0300–J0600: Pain Assessment Interview (cont.)



Steps for Assessment: Basic Interview Instructions for Pain Assessment Interview (J0300-J0600)

1. Interview any resident not screened out by the **Should Pain Assessment Interview be Conducted?** item (J0200).
2. The Pain Assessment Interview for residents consists of seven items: the primary question **Pain Presence** item (J0300) and six follow-up questions. If the resident is unable to answer the primary question on **Pain Presence** item J0300, skip to the **Staff Assessment for Pain** beginning with **Indicators of Pain or Possible Pain** item (J0800).
3. Conduct the interview in a private setting.
4. Be sure the resident can hear you.
 - Residents with hearing impairment should be tested using their usual communication devices/techniques, as applicable.
 - Try an external assistive device (headphones or hearing amplifier) if you have any doubt about hearing ability.
 - Minimize background noise.
5. Sit so that the resident can see your face. Minimize glare by directing light sources away from the resident's face.
6. Give an introduction before starting the interview. Suggested language: "I'd like to ask you some questions about pain. The reason I am asking these questions is to understand how often you have pain, how severe it is, and how pain affects your daily activities. This will help us to develop the best plan of care to help manage your pain."
7. Directly ask the resident each item in the Pain Assessment Interview in the order provided.
 - Use other terms for pain or follow-up discussion if the resident seems unsure or hesitant. Some residents avoid use of the term "pain" but may report that they "hurt." Residents may use other terms such as "aching" or "burning" to describe pain.
8. If the resident chooses not to answer a particular item, accept their refusal, **code 9**, and move on to the next item.
9. If the resident is unsure about whether pain or the effects or interference of pain occurred in the last 5 days, prompt the resident to think about the most recent episode of pain and try to determine whether it occurred in the last 5 days.

DEFINITION

PAIN

Any type of physical pain or discomfort in any part of the body. It may be localized to one area or may be more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective; pain is whatever the experiencing person says it is and exists whenever they say it does.

