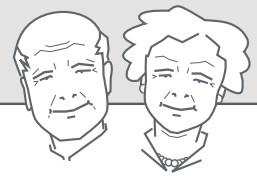# Rotterdam Elderly Pain Observation Scale (REPOS)

Please observe for 2 minutes, and tick the box if the specific behavior was present during the observation. Next, summate all ticked behaviors to obtain the REPOS total score.

NAME CLIENT			
	1st observation	2nd observation	3rd observation
NAME OBSERVER			
DATE/TIME			
SITUATION (ADL, transfer, walking, physical therapy, rest, wound care, e.g.)			
PAIN MEDICATION (type, dosing and time of last administration)			

	1st observation	2nd observation	3rd observation
Tense face	☐	☐	☐
Eyes (almost) squeezed	☐	☐	☐
Raising upper lip	☐	☐	☐
Grimace	☐	☐	☐
Frightened, fearful look	☐	☐	☐
Moving body parts	☐	☐	☐
Panicky, panics attack	☐	☐	☐
Moaning / groaning	☐	☐	☐
Sounds of restlessness / verbal expressions	☐	☐	☐
Breath holding / faltering respiration	☐	☐	☐
REPOS TOTAL SCORE	☐	☐	☐
	see REPOS decision tree	see REPOS decision tree	see REPOS decision tree

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