







# BEAP Pain Scale for Cats

Many signs of chronic pain are non-specific.  
Make sure to see your vet to rule out other diseases as a cause of these signs.

<p><b>0</b> No pain</p>		<p><input type="checkbox"/> <b>B:</b> Breathing normally</p> <p><input type="checkbox"/> <b>E:</b> Eyes bright and alert</p> <p><input type="checkbox"/> <b>A:</b> Walks normally and remains agile</p> <p><input type="checkbox"/> <b>A:</b> Engages in play and all normal activities</p>	<p><input type="checkbox"/> <b>A:</b> Eating and drinking normally</p> <p><input type="checkbox"/> <b>A:</b> Happy and content; interested in surroundings; playful behavior; seeks attention</p> <p><input type="checkbox"/> <b>P:</b> Comfortable at rest and during play; perky ears; upright, alert tail; whiskers relaxed</p> <p><input type="checkbox"/> <b>P:</b> Enjoys being touched, petted and brushed; no body tension present</p>
<p><b>1-2</b> Mild pain <i>Speak to your vet during your next visit</i></p>		<p><input type="checkbox"/> <b>B:</b> Breathing normally</p> <p><input type="checkbox"/> <b>E:</b> Eyes bright and alert</p> <p><input type="checkbox"/> <b>A:</b> Slightly more hesitant to jump onto very high places such as countertops but still able to easily jump onto couch or bed</p> <p><input type="checkbox"/> <b>A:</b> May show only subtle change in normal activity and behaviors</p>	<p><input type="checkbox"/> <b>A:</b> Eating and drinking normally</p> <p><input type="checkbox"/> <b>A:</b> Will often still remain happy and interested in surroundings</p> <p><input type="checkbox"/> <b>P:</b> Tail may be down just a little more; ears up; whiskers generally appear relaxed</p> <p><input type="checkbox"/> <b>P:</b> Enjoys being touched, petted and brushed; no body tension present</p>
<p><b>3-4</b> Moderate pain <i>See your vet to assess pain</i></p>		<p><input type="checkbox"/> <b>B:</b> Breathing generally normal but may be at slightly increased rate</p> <p><input type="checkbox"/> <b>E:</b> Eyes may be slightly duller in appearance; eyes may be held partially closed</p> <p><input type="checkbox"/> <b>A:</b> Hesitant to jump to higher places; may also not jump onto lower places, such as couch or bed</p> <p><input type="checkbox"/> <b>A:</b> Not eager to interact but still in tune with surroundings; changes in normal routine; may hide; decreased grooming</p>	<p><input type="checkbox"/> <b>A:</b> Appetite more finicky, such as wanting only treats or "junk" food such as canned food</p> <p><input type="checkbox"/> <b>A:</b> Generally more subdued and quiet</p> <p><input type="checkbox"/> <b>P:</b> Difficulty posturing to eliminate or cover waste; subtle changes in posture; tail held low and ears more flattened, whiskers slightly down</p> <p><input type="checkbox"/> <b>P:</b> Does not mind touch except on painful area; turns head to look where touched; mild body tension</p>
<p><b>5-6</b> Moderate to severe pain <b>CONCERNING!</b> <i>See your vet</i></p>		<p><input type="checkbox"/> <b>B:</b> Breathing rate and effort may be increased</p> <p><input type="checkbox"/> <b>E:</b> Dull eyes; eyes may remain partially or fully closed; pupils may be more dilated</p> <p><input type="checkbox"/> <b>A:</b> Moves more slowly or gingerly; no longer jumps up onto couch or bed; difficulty on stairs</p> <p><input type="checkbox"/> <b>A:</b> Withdraws from family and other pets; seeks solitude; decreased grooming; may excessively lick painful area; may have "accidents" outside the litter box</p>	<p><input type="checkbox"/> <b>A:</b> Will frequently lose appetite</p> <p><input type="checkbox"/> <b>A:</b> Very subdued and quiet; increased facial tension; decreased enjoyment of being brushed</p> <p><input type="checkbox"/> <b>P:</b> "Meatloaf" position; whiskers move forward slightly from face; rough or fluffed up fur; difficulty posturing to eliminate or cover waste fully</p> <p><input type="checkbox"/> <b>P:</b> Pulls away painful area or tries to escape; moderate body tension when being touched</p>
<p><b>7-8</b> Severe pain <b>VERY CONCERNING!</b> <i>See your vet</i></p>		<p><input type="checkbox"/> <b>B:</b> Faster breathing rate with more noticeable effort</p> <p><input type="checkbox"/> <b>E:</b> Dull eyes; generally remain partially or fully closed; may have distressed look; pupils dilated</p> <p><input type="checkbox"/> <b>A:</b> Unlikely to move if left alone</p> <p><input type="checkbox"/> <b>A:</b> Avoids all interaction; will "go off" and hide, often in new places; stops grooming; frequently licks or chews at painful area, sometimes to the point of fur loss</p>	<p><input type="checkbox"/> <b>A:</b> Loss of appetite; may not want to drink</p> <p><input type="checkbox"/> <b>A:</b> Reclusive; agitated; potentially aggressive; tail flicking; may be growling or hissing</p> <p><input type="checkbox"/> <b>P:</b> Tail held close, ears flattened or pinned back, whiskers move forward and tend to bunch; "grimace face"; flattened posture</p> <p><input type="checkbox"/> <b>P:</b> Significant body tension when painful area touched; may growl or hiss in pain; guards painful area by pulling away or trying to escape</p>
<p><b>9-10</b> Worst pain possible <b>EMERGENCY!</b> <i>See your vet</i></p>		<p><input type="checkbox"/> <b>B:</b> Increased breathing rate and effort; may have periods of open-mouthed breathing or panting</p> <p><input type="checkbox"/> <b>E:</b> Dull, closed eyes; eyes may also widen with a look of panic; pupils dilated</p> <p><input type="checkbox"/> <b>A:</b> Unable or unwilling to walk</p> <p><input type="checkbox"/> <b>A:</b> Difficulty in being distracted from pain, even with gentle touch or soothing voice; may bite or chew painful area; may eliminate where lying</p>	<p><input type="checkbox"/> <b>A:</b> No interest in food or water</p> <p><input type="checkbox"/> <b>A:</b> Extremely depressed or minimally responsive ("flat out"); quiet, growling or hissing; distressed</p> <p><input type="checkbox"/> <b>P:</b> Lying on side; tail may appear "fluffed"</p> <p><input type="checkbox"/> <b>P:</b> Rigid body tension when touched; will not tolerate touch of painful area; hissing when other areas that are not painful are touched</p>

## Specific behaviors or physical changes I see:

Breathing: \_\_\_\_\_ Appetite: \_\_\_\_\_

Eyes: \_\_\_\_\_ Attitude: \_\_\_\_\_

Ambulation: \_\_\_\_\_ Posture: \_\_\_\_\_

Activity: \_\_\_\_\_ Palpation: \_\_\_\_\_