Fall 2015

Clinical Pain Scale Compendium

Tiffany M. Crow
University of Puget Sound

Nicholas J. Pilch
University of Puget Sound

James P. Aiken
University of Puget Sound

Clinical Pain Assessment Compendium

Jamie Aiken, SPT[1] **Tiffany Crow,** SPT;[1] **Nick Pilch,** SPT; [1] **Roger J. Allen,** PhD, PT[1]

1. School of Physical Therapy

University of Puget Sound - Tacoma, WA, United States of America

References

1. Jensen, Mark P., and John J. Bonica. "Chapter 20." *Bonica's Management of Pain*. Philadelphia, PA: Lippincott Williams & Wilkins, 2001. 251-70. Print.
2. Roach KE, Budiman-mak E, Songsiridej N, Lertratanakul Y. Development of a shoulder pain and disability index. Arthritis Care Res. 1991;4(4):143-9.
3. Meenan RF, Gertman PM, Mason JH. Measuring health status in Arthritis: the Arthritis Impact Measurement Scales. Arthritis Rheumatism 1980; 23:146-52.
4. Abbey, J.A., Piller, N., DeBellis, A, Esterman, A., Parker, D., Giles, L. & Lowcay, B. (2004). The Abbey Pain Scale. A 1-minute numerical indicator for people with late-stage dementia. *International Journal of Palliative Nursing, 10*(1), 6-13.
5. Hawker, Gillian A., et al. "Measures of adult pain: Visual analog scale for pain (vas pain), numeric rating scale for pain (nrs pain), mcgill pain questionnaire (mpq), short−form mcgill pain questionnaire (sf−mpq), chronic pain grade scale (cpgs), short form−36 bodily pain scale (sf−36 bps), and measure of intermittent and constant osteoarthritis pain (icoap)." *Arthritis care & research* 63.S11 (2011): S240-S252.
6. Van Iersel, T., Timmerman, D. & Mullie, A. (2006). Introduction of a pain scale for palliative care patients with cognitive impairment. International Journal of Palliative Nursing, 12(2), 54-59.
7. Pasero, Chris. Pain: clinical manual. Ed. Margo McCaffery. Mosby Incorporated, 1999.
8. Streiner, D.L. Norman, G.R. Health measurement scales. A practical guide to their development and use. Oxford University Press, Oxford (1989)
9. Young IA, Cleland JA, Michener LA, Brown C. Reliability, construct validity, and responsiveness of the neck disability index, patient-specific functional scale, and numeric pain rating scale in patients with cervical radiculopathy. Am J Phys Med Rehabil. 2010;89(10):831-9.

PURPOSE STATEMENT

The purpose of this compendium was to collect pain scales from various domains and create a document for clinicians to reference when choosing pain measures to use with their patients.

INTRODUCTION

Pain is one of the pivotal aspects of a healthcare examination. Clinicians cannot measure pain objectively, and thus, we can only obtain a subjective report of the patient's experience. However, the human experience of pain can be measured beyond merely its intensity. The purpose of this compendium is to present a range of pain aspects; the who, what, where, when, and how much of pain measurement. This is accomplished with the following domains: affective, beliefs, intensity, sensory quality, location, temporal, impact on activities of daily living, and population. The aim of this compendium is to present a model of various pain dimensions and to expand the number of tools available to measure pain, as pain can mean different things. It is novel in its breadth of coverage of pain scales and comprehensive summarization for ease of use. With an improved capacity of pain measurement tools available, clinicians can better correlate care with more accurate pain assessments to meet a patient's unique needs. We have compiled these measures to provide additional pain evaluation tools for physical therapists and other medical professionals in order to improve patient care.

Visual Analogue Scale	
Domains	Intensity
Description	The VAS is a 10 cm horizontal line anchored on two ends. The left end is no pain and the right end is worst imaginable pain. Patients mark the intensity of their pain on the scale, which is measured by the clinician to get a numerical pain score.
Populations	Any
Administration/Scoring	The mark on the 10 cm line is measured with a ruler and the score is in millimeters.
Administration Time	Less than one minute.
Reliability	Found to be reliable. [1]
Validity	A mark above 3 cm on a 10cm scale will include 85% of patients who rated their pain as moderate when using a 4 category scale and will include 98% of patients who rated severe pain. Useful when used by a patient to compare their pain over time. A horizontal rather than vertical line is preferred because spine pain patients may mistakenly mark where on the line their spine pain is located. "In the absence of a gold standard for pain, criterion validity cannot be evaluated. For construct validity, in patients with a variety of rheumatic diseases, the pain VAS has been shown to be highly correlated with a5-point verbal descriptive scale ("nil," "mild," "moderate," "severe," and "very severe") and a numeric rating scale (with response options from "no pain" to "unbearable pain"), with correlations ranging from 0.71– 0.78 and 0.62– 0.91, respectively) (3). The correlation between vertical and horizontal orientations of the VAS is 0.99 (12)(Hawkins)." [1]
Copyright	Public domain, free use
Where to Find It	http://www.partnersagainstpain.com/printouts/A7012AS1.pdf
References	(1) Hawker, Gillian A., et al. "Measures of adult pain: Visual analog scale for pain (vas pain), numeric rating scale for pain (nrs pain), mcgill pain questionnaire (mpq), short-form mcgill pain questionnaire (sf-mpq), chronic pain grade scale (cpgs), short form-36 bodily pain scale (sf-36 bps), and measure of intermittent and constant osteoarthritis pain (icoap)." *Arthritis care & research* 63.S11 (2011): S240-S252.

A compendium sample page detailing coverage of the Visual Analogue Scale[5].

Page #	Name of Scale /Inventory	Population	Affective	Beliefs	Intensity	Sensory Quality	Location/ Spatial	Temporal	Impact on ADLs
144	Revised American Pain Society Patient Outcome Questionnaire (APS-POQ-R)	Adult hospital pain management QOL	X		X	X	X	X	X
81	Memorial Pain Assessment Card (MPAC)	Cancer	X		X				
44	Edmonton Symptom Assessment System (ESAS)	Cancer	X				X		X
5	Alder Hey Triage Pain Score	Children	X		X			X	
192	Wong-Baker FACES Pain Rating Scale	Children			X				
143	Pediatric Quality of Life Scale	Children up to age 18	X		X	X	X	X	
15	Brief Pain Inventory	Chronic diseases			X		X		X
72	McGill Pain Questionnaire Short Form (SF-MPQ)	Chronic pain	X		X	X		X	
175	West Haven - Yale Multidimensional Pain Inventory (WHYMPI)	Chronic Pain	X	X	X			X	X
114	Pain Distribution Score	Chronic Pain					X	X	
20	Chronic Pain Grade Scale (CPGS)	Chronic Pain	X		X			X	X
171	Survey of Pain Attitudes - 35 (SOPA)	Chronic Pain	X	X					
172	Treatment Outcomes in Pain Survey (TOPS), S-TOPS	Chronic Pain			X			X	X
19	Checklist of Nonverbal Pain Indicators (CNPI)	Cognitively impaired	X		X				
22	COMFORT Pain Scale	Cognitively impaired	X		X		X		
40	Doloplus 2 - Observational pain assessment scale	Cognitively impaired	X		X				
53	FLACC Pain Assessment Tool	Cognitively impaired	X				X		X
29	Critical-Care Pain Observation Tool	Critical care	X		X		X		
1	Abbey Pain Scale	Dementia	X		X			X	
192	Wong-Baker FACES Pain Rating Scale	Dementia			X				
19	Checklist of Nonverbal Pain Indicators (CNPI)	Elderly patients	X		X				
111	Pain Catastrophizing Scale (PCS)	Excessive pain behaviors	X						
188	Widespread Pain Index	Fibromyalgia Syndrome				X	X		
114	Pain Distribution Score	Fibromyalgia Syndrome					X	X	
101	Numeric Rating Scale (NRS) for Pain	General			X				
103	Numeric Pain Rating Scale	General			X				
109	Pain Body Diagram	General			X	X	X		
137	Patient Comfort Assessment Guide	General	X		X	X	X	X	X
154	Short Form 36 Bodily Pain Scale (SF-36 BPS)	General			X			X	X
156	Short Form McGill Pain Questionnaire 2 (SF-MPQ-2)	General	X		X	X			
173	Visual Analog Scale	General			X				
56	Harris Hip Score	Hip surgery			X				X
1	Abbey Pain Scale	Inability to verbalize	X		X			X	
192	Wong-Baker FACES Pain Rating Scale	Inability to Verbalize			X				
4	Aberdeen Back Pain Scale (ABPS)	Low Back Pain			X		X		X
10	Back Bournemouth Questionnaire	Low Back Pain	X		X				X
105	Oswestry Disability Index	Low Back Pain			X			X	X
150	Roland-Morris Disability Questionnaire (QBPDS)	Low back pain	X						X
164	Standardized Evaluation of Pain (StEP) Neuropathic Pain	Low back pain	X		X	X	X	X	
112	Pain Disability Questionnaire	Musculoskeletal disorders	X	X					X
10	Back Bournemouth Questionnaire	Neck Pain	X		X				X
89	Neck Pain and Disability Scale -NPAD	Neck pain	X		X	X			X
31	Dallas Pain Questionnaire (DPQ)	Neuropathic pain	X		X				X
35	DN4	Neuropathic pain				X	X		
59	LANSS pain scale	Neuropathic pain			X	X			
63	McGill Pain Questionnaire	Neuropathic pain	X		X	X	X	X	
93	Neuropathic Pain Scale (NPS)	Neuropathic pain			X	X			
96	Neuropathic Pain Symptom Inventory (NPSI)	Neuropathic pain			X	X		X	
118	Pain Quality Assessment Scale (PQAS)	Neuropathic pain			X	X	X	X	
118	Pain Quality Assessment Scale Revised (PQAS-R)	Neuropathic pain			X	X	X	X	
75	Measure of Intermittent and Constant Osteoarthritis Pain (ICOAP)	Osteoarthritis	X		X		X	X	
7	Arthritis Impact Measurement Scale (AIMS)	Osteoarthritis	X	X	X				X
184	Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	Osteoarthritis (Hip/Knee)							X
7	Arthritis Impact Measurement Scale (AIMS)	Rheumatoid Arthiritis	X	X	X				X
160	Shoulder Pain and Disability Index	Shoulder pain			X				X
82	Multiple Language Pain Assessment Scales	Specific language groups			X				
13	Behavioral Pain Scale (BPS)	Unconscious or sedated	X				X		
22	COMFORT Pain Scale	Unconscious or sedated	X		X		X		
53	FLACC Pain Assessment Tool	Unconscious or sedated	X				X		X
33	Descriptor Differential Scale (DDS)	Unknown			X				

The table of contents page from the compendium used to catalogue each pain scale with its associated population, page number, and domains.

DOMAIN DESCRIPTIONS

Affective: The influence of pain on emotions and thoughts. This can be thought of as the suffering due to pain.

Beliefs: A patient's spiritual beliefs that impact their perception of pain.

Intensity: The magnitude of pain.

Sensory Quality: Descriptors of pain such as stabbing, shooting, aching, or burning.

Location: The site of pain in the body, which can include superficial or deep description. This can include the primary source of pain as well as areas of pain radiation or referral.

Temporal: The timeline of pain over minutes, hours, days, and beyond. Pain can fluctuate through these periods of time and tracking these changes can be useful.

Impact on ADLS: The impact pain has on daily tasks and normal living, such as sleeping, feeding, self-care, and work, among others. These can be important aspects of estimating disability and the impact pain has on a person's quality of life.

Population: A group of people with a common uniting factor. Some groups of people have special needs in terms of pain assessment. Examples would be patients with dementia, children, or non-English speakers. These groups have special communication or cognitive needs that are addressed with specialized tools of pain measurement.

Contact Information
Roger Allen, PhD, PT
rallen@pugetsound.edu