

Table 12-2 Selected Pain Scales—Cont'd

Name/Online Source	Scale Description	Age Range/Qualifiers	Validity/References
Faces Pain Scale—Revised (FPS-R) http://www.painsourcebook.ca/pdfs/pps92.pdf	A set of simple line drawings of faces without smiles or tears, expressing "no pain" to "worst pain." Subject selects the drawing that fits his/her level of pain.	3 years +	Reliable and valid; Bieri et al, 1990; Bulloch & Tenenbein, 2002; Goodenough et al, 1997; Herr et al, 1998; Hicks et al, 2001; Hunter et al, 2000
Body Outline Tool	Line drawing of body, unclothed; subject marks an "X" or colors painful area; different colors can be used to signify levels of pain intensity	4 years +	Reliable and valid; Ho et al, 1996; Savedra et al, 1989c; Van Cleve & Savedra, 1993
McGill Pain Questionnaire (MPQ) and Short Form MPQ http://www.health-sciences.ubc.ca/whiplash.bc/mcgill.htm	Four groups with 20 categories of 78 descriptor words are used to indicate the quality of pain. Each word has a rank value within its category; the values are summed for a "pain rating index." Also included are a VAS or VDS and body outline diagram. SF-MPQ has 15 pain descriptor words, rated 0 (none) to 3 (severe), and a VAS or VDS.	Adults with pain in all settings	Reliable and valid; Holroyd et al, 1992; Katz & Melzack, 1999; Lowe et al, 1991; Melzack, 1975, 1987
Brief Pain Inventory—Short Form http://www.mdanderson.org/pdf/bpif.pdf	Severity of pain, location of pain, amount of pain relief, and impact of pain on daily functions are assessed on numeric rating scales; parameters are assessed for current, past and average pain. A body outline for location of pain and a line for pain medications/treatments are included.	Adult patients with cancer pain and pain caused by other chronic diseases	Reliable and valid; Cleeland, 1989, 1991; Cleeland et al, 1996; Serlin et al, 1995; Tittle et al, 2003
Adolescent Pediatric Pain Tool (APPT)	Body outline, word-graphic rating scale, and pain descriptor list measure location, quality, intensity, onset, duration, and pattern of a child's pain.	8-17 years	Reliable and valid; Savedra et al, 1993; Savedra & Tesler, 1989; Savedra et al, 1989a, 1989b; Tesler et al, 1991
Behavioral Measures			
Objective Pain Score (OPS) (aka Objective Pain Scale) http://www.medal.org/ch44.html	Systolic blood pressure, crying, movement, agitation, and complaints of pain are assessed and scored on a 0-2 scale. Total score ranges from 0 to 10; higher scores indicate pain.	4 months-18 years	Reliable and valid; Hannallah et al, 1987 (no testing); Broadman et al, 1988; Morton, 1997; Norden et al, 1991a, 1991b
Children's Hospital of Eastern Ontario Pain Scale (CHEOPS) http://www.medal.org/ch44.html	Six parameters are assessed: crying, facial expression, verbalizations, torso activity, whether and how child touches wound, leg position; points range from 0 to 3 for each behavior within each parameter. A score >4 indicates pain.	1-7 years	Reliable and valid; excellent interrater reliability; Barrier et al, 1989; Beyer et al, 1990; did not correlate well with self-report scales; McGrath et al, 1985
Neonatal Infant Pain Scale (NIPS) http://www.medal.org/ch44.html	Facial expression, cry, breathing patterns, arms, legs, and state of arousal are assessed and scored. Each parameter has a score of 0 to 1 or 2; total scores range from 0 to 7.	Preterm and term neonates	Reliable and valid per authors; Lawrence et al, 1993