Table 1. Pain Scales

Pain Scale Name (Population)	Description	Validity	Comment
Alder Hey Triage Pain Score (Emergency care triage of pediatric patients)	Observational scale completed by staff, 5 items each scored 0 to 2 with total score 0 to 10 possible	Validated for inter-rater variability[1]	Easy to administer, takes about 10 minutes, patients need not be able to communicate
Behavioral Pain Scale (BPS) (Critically ill sedated adult patients)	Observational scale completed by staff, scores from 3 to 12	Validated for inter-rater variability and reliability	Validated for use with patients with a low level of consciousness due to head trauma[2]
Brief Pain Inventory (BPI) (Adult cancer patients)	Self-report of pain intensity (sensory dimension) and how pain interferes with patient's life (reactive dimension)	Validated and translated into numerous languages	Has been validated for use in patients with chronic nonmalignant pain[3] and osteoarthritis[4]
Checklist of Nonverbal Pain Indicators (CNPI) (Cognitively impaired adult patients)	Observational test completed by staff based on specific behaviors, restlessness, vocalization	Inter-rate reliability 93%[5]	Requires staff training
Clinical Global Impression (CGI) (Psychiatric patients)	Observational assessment of patient's global function before and after study medication; it measures psychopathology severity on a scale of 1 to 7	Validated and reliable[6]	Easy to administer
Critical Care Pain Observation Tool (CPOT) (Nonverbal critically ill adults)	Observational scale of behaviors, facial expressions, body movements, and muscle tension	Moderate to high inter-rate reliability and significant correlations between CPOT and self-reported pain scales[7]; sensitivity 86%, specificity 78% in study of critically ill cardiac surgery patients[8]	For intubated patients, compliance with ventilator is assessed; for non-intubated patients, vocalization is assessed
COMFORT Scale (Children unable to report pain [has been evaluated in patients age 12 to 36 months])	Observational care completed by staff evaluating alertness, anxiety, respiratory response, crying, movement, muscle tone, and facial tension	High inter-rater reliability	Requires staff training
Dallas Pain Questionnaire (DPQ) (Adult patients with chronic spinal pain)	16-item self-report measuring pain intensity, function, anxiety, depression, and social interest	Good external reliability and internal consistency[9]	DPQ is divided into 2 sections called "factors"; Factor 1 represents functional activities, Factor 2 emotional capacities
Descriptor Differential Scale (DDS) (Alert and nonimpaired adults)	Self-report in 12-item questionnaire	Good reliability and is sensitive to even small changes in pain intensity[10,11]	Easy for patients to use but requires some training for health care team to interpret
Discomfort in Dementia (DS-DAT) (Adults with dementia or Alzheimer's disease)	Observational 9-item tool for completion by staff over 5-minute assessment period	Inter-rater variability exists in 3 of the 9 items	Requires staff training to administer accurately
Edmonton Symptom Assessment System (Palliative care patients, typically end-of-life cancer patients)	Twice-daily assessment using 8 visual analog scales to be completed by patient alone or by patient with assistance (from nurse or family member)	Validation evidence is not robust[12]	Data from the 8 scales are transferred to a graph; the sum of all scores is the "symptom distress score" Has been translated into several languages
FACES (Wong-Baker) (Pediatric patients [age 3 to 7] treated for acute pain in emergency department)	Self-report using 6-item ordinal scale made up of 6 faces showing no pain (smiling face) to worst pain imaginable (grimace)	Validated with good agreement between FACES and visual analog scale[13]	May also be used for adults when there is a language barrier
Lequesne-Algofunctional Index (1987, 1991, 1997) (Adult pain patients with circadian types of pain)	Self-report in 10-item questionnaire that puts pain in temporal context (pain at night, upon rising) and situations (pain standing, pain walking, and so on)	Validated	Easy to administer, takes about 10 minutes, and is well suited for pain that fluctuates over course of day
Mankowski Pain Scale (Developed for endometriosis patients but used with other types of chronic pain)	Self-report on 0 to 10 scale with descriptions to help better quantify pain (for example, 5=pain that can't be ignored for more than 30 minutes; mild painkillers reduce this pain about 3 or 4 hours)	Validated for chronic pain patients (not just endometriosis patients)[14]	Developed by Andrea Mankowski, a chronic pain patient
McGill Pain Questionnaire (MPQ) (Adults with various pain syndromes)	Self-report, 20 items grouped as sensory, affective, evaluative, and miscellaneous; patients score each 0 to 5. The Pain Rating Index (PRI) is the sum of the rank values	Validated and designed to better capture the subjective experiences of pain patients[15]	Also rates the Present Pain Index (PPI) as a separate scale (0-5)
Neck Pain and Disability Scale (NPDS) (Adults with cervical pain syndromes)	Self-report of 20 items as visual analog scales with descriptors, describing different aspects or behaviors associated with the neck	Reliable, internally consistent, correlates well with other scales[16]	
Numerical Rating Scale (NRS) (Adult and pediatric pain patients)	Self-report on scale of 0 to 10 with 0 meaning "no pain at all" and 10 "the worst pain imaginable"	Reliable, validated, widely used	Minimal training required, easy for patients to understand; measures pain intensity only
OSWESTRY Disability Index (Adults with low back pain)	Self-report of pain intensity and function (disability)	Validated and correlates highly with the Roland-Morris Disability Index[17]	Fast and easy to administer, easy for patients to understand
Palliative Care Outcomes Scale (PCOS) (Adult palliative cancer patients)	2 nearly identical tools: a self-report by the patient and corresponding observational report by staff; documents patient's well-being over past 3 days in physical, psychological, and spiritual domains	Validated with good internal reliability; good agreement between patients and staff on many items[18]	May be useful in better determining prospective care for end-of-life patients
Pediatric Pain Questionnaire (PPQ) (Pediatric pain patients ≥6 years)	Self-report on visual analog scale of present pain, worst pain intensity, and disease severity	Good correlation between PPQ and health care professionals' observations	Easy to administer
Roland-Morris Back Pain Questionnaire (Adults with low back pain)	Self-report, 24-item checklist in which patients are asked which statements apply to them that day; all items have equal weight (1 point) and score is total	Validated and correlates highly with the OSWESTRY Disability Index[17]	Short, simple, easy to use; each item on the scale begins, "Because of my back pain…"
Support Team Assessment (STAS) (Adults in palliative care)	Self-report and corresponding observational report (to be completed by family members or health care professionals)	Measures prospective outcomes	When observational scales were compared to self-reports, observations by health care professionals were closer to patient self-reports than observations by family members
Verbal Rating Scale (VRS) (Adult and pediatric pain patients)	Self-report by patient to verbal questions of health care professional, asking them to describe their pain using 5 categories (no pain, mild pain, moderate pain, severe pain, unbearable pain)	Correlates highly to VAS[19]	Measures pain intensity only and is subject to variations depending on how each patient understands "mild," "moderate," and "severe" pain
Visual Analog Scale (VAS) (Adult pain patients)	Self-report by patient who selects a point on a 100-mm line that indicates pain level; in some cases, a percentage may be used (0 is "no pain" and 100% is "worst pain imaginable")	Validated, familiar, and among the most frequently used pain scales in the US	Easy to administer, fast, and easy for patients to understand but measures pain intensity only