# PAIN ASSESSMENT | Section 1

## OVERVIEW

Assessment of chronic pain should be multidimensional. Consideration should be given to several domains, including the physiological features of pain and its contributing factors, with physicians and other clinicians assessing patients for function, quality of life, mental health, and emotional health.

In addition to a complete medical and medication history typically obtained at an office visit, documentation should be obtained about pain intensity, location, duration, and factors that aggravate or alleviate pain.

A physical exam should include musculoskeletal and neurological components, as appropriate. Diagnostic testing and imaging may also be considered for some types of chronic pain. Many organizations, including the AAFP, recommend against imaging for low back pain within the first six weeks of treatment unless there are reasons for the imaging. These reasons may include concerns of underlying conditions, such as severe or progressive neurological deficits, or if osteomyelitis is suspected.[1]

Periodic reassessments of chronic pain and treatment should focus on evaluating improvements in physical health; mental and emotional health; progress towards functional treatment goals; and effectiveness and tolerability of medications for chronic pain treatment.

Currently, there are no universally adopted guidelines or recommendations for assessment of chronic pain. The use of appropriate assessment tools can assist in diagnostic assessment, management, reassessment, and monitoring of treatment effects. Multiple tools are available, with many embedded in electronic health record (EHR) systems.

### Pain Assessment Tools

The table on the next page includes selected tools for pain assessment included in this toolkit, along with links and reference to additional tools. Assessments about other relevant domains are covered in Functional and Other Assessments (Section 2).

| Pain Assessment Tools in Toolkit | | | | |
|---|---|---|---|---|
| **Name** | **Use** | **Scoring** | **Description** | **Location** |
| Brief Pain Inventory (BPI) Short Form | Assess pain severity and impact on daily function | • Worst pain score: 1-4 = mild pain<br>• Worst pain score: 5-6 = moderate pain<br>• Worst pain score: 7-10 = severe pain<br><br>Pain severity can be calculated by averaging responses of questions 3-6.<br><br>Pain interference can be calculated by averaging responses of questions 9a-9g. | Fillable PDF completed in approximately five minutes with the patient | Jump to tool in toolkit. |
| Pain, Enjoyment of Life and General Activity (PEG) Scale | Assess pain interference with enjoyment of life and general activity | • Mild pain = 0-11 or 0 to <4<br>• Moderate pain = 12-20 or 4 to <7<br>• Severe pain = 21-30 or 7-10<br><br>PEG score is calculated by an average of questions 1-3 | Three-question assessment of pain takes 1-2 minutes | Jump to tool in toolkit. |
| **Additional Pain Assessment Tools** | | | | |
| Numeric Pain Rating Scale (NPRS)[2] | Rate pain intensity | Scores range from 0-10 points, with higher scores indicating greater pain intensity. | Evaluates one aspect of pain—intensity<br><br>Evaluates pain experienced only in the past 24 hours or "an average pain intensity" | www.sralab.org/rehabilitation-measures/numeric-pain-rating-scale |
| Verbal Rating Scale (VRS)[3] | Describe pain intensity<br><br>Use when the NPRS cannot be used | • No pain<br>• Mild pain<br>• Moderate pain<br>• Severe pain | Word options describe pain intensity | www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199772377.001.0001/med-9780199772377-interactive-pdf-003.pdf |
| Wong-Baker FACES® Pain Rating Scale[4] | Describe pain intensity<br><br>Used for children and adults | Series of faces range from 0 for a happy face (no hurt) to 10 for a crying face (hurts worst) | Faces depict the pain the patient experiences<br><br>Evaluates one aspect of pain—intensity | https://wongbakerfaces.org/ |
| McGill Pain Questionnaire (MPQ)[5] | Assess quality and intensity of pain<br><br>Monitor pain over time and determine effectiveness of interventions | Scores are calculated by summing values associated with each word<br><br>Scores range from 0 (no pain) to 78 (severe pain) | Numerical intensity scale<br><br>Set of descriptor words and a pain drawing | www.sralab.org/rehabilitation-measures/mcgill-pain-questionnaire |

For additional resources on assessment algorithms, visit the Institute for Clinical Systems Improvement's guideline, Pain; Assessment, Non-Opioid Treatment Approaches and Opioid Management.

## References


1. American Academy of Family Physicians. Imagining for low back pain. Choosing Wisely®. Accessed January 7, 2021. www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/cw-back-pain.html
2. Shirley Ryan AbilityLab. Numeric Pain Rating Scale. Accessed January 7, 2021. www.sralab.org/rehabilitation-measures/numeric-pain-rating-scale
3. Jensen MP. The 0-3 Verbal Rating Scale (VRS). Accessed January 7, 2021. www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199772377.001.0001/med-9780199772377-interactive-pdf-003.pdf
4. Wong-Baker FACES Foundation (2020). Wong-Baker FACES® Pain Rating Scale. Accessed January 7, 2021. https://wongbakerfaces.org/
5. Shirley Ryan AbilityLab. McGill Pain Questionnaire. Accessed January 7, 2021. www.sralab.org/rehabilitation-measures/mcgill-pain-questionnaire

# Brief Pain Inventory

Chronic Pain Management Toolkit

STUDY ID #:_____ DO NOT WRITE ABOVE THIS LINE HOSPITAL #:_____

## Brief Pain Inventory (Short Form)

Date: ____/____/____ Time: _____

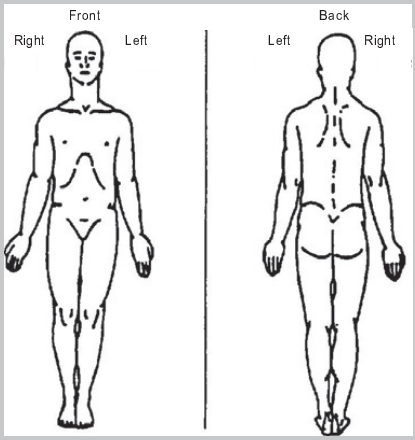
Name: _____ _____ _____

Last First Middle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?

1. Yes 2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.




3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain — Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain — Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

0 1 2 3 4 5 6 7 8 9 10
No Pain — Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0 1 2 3 4 5 6 7 8 9 10
No Pain — Pain as bad as you can imagine

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## Brief Pain Inventory, page 2

STUDY ID #:_____ DO NOT WRITE ABOVE THIS LINE HOSPITAL #:_____

Date:____/____/____ Time:_____

Name:_____ _____ _____

Last First Middle Initial

**7. What treatments or medications are you receiving for your pain?**

**8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.**

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
|---|---|---|---|---|---|---|---|---|---|---|
| No Relief | | | | | | | | | | Complete Relief |

**9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:**

**A. General Activity**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |

**B. Mood**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |

**C. Walking Ability**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |

**D. Normal Work (includes both work outside the home and housework)**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |

**E. Relations with other people**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |

**F. Sleep**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |

**G. Enjoyment of life**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not Interfere | | | | | | | | | | Completely Interferes |



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# PEG SCALE ASSESSING PAIN INTENSITY AND INTERFERENCE

## (Pain, Enjoyment, General Activity)

1. What number best describes your **pain on average** in the past week?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

No Pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your **enjoyment of life**?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your **general activity**?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Does not interfere — Completely interferes

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**Computing the PEG Score**

Add the responses to the three questions, then divide by three to get a mean score (out of 10) on overall impact of points.

**Using the PEG Score**

The score is best used to track an individual's changes over time. The initiation of therapy should result in the individual's score decreasing over time.

**Source**

Krebs EE, Lorenz KA, Blair MJ, et al. Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. *J Gen Intern Med*. 2009;24(6):733-738.