

## Pain Scale Comparison

Scale	Strengths	Weaknesses
Visual Analog Scales (VAS)	<ul style="list-style-type: none"> <li>• Easy to administer</li> <li>• Many (“infinite”) response categories</li> <li>• Good evidence for construct validity</li> </ul>	<ul style="list-style-type: none"> <li>• Extra step in scoring the paper-and-pencil version can take more time and adds an additional source of error</li> </ul>
Verbal Rating Scales (VRS)	<ul style="list-style-type: none"> <li>• Easy to administer</li> <li>• Easy to score</li> <li>• Good evidence for construct validity</li> <li>• Compliance with measurement task is high</li> </ul>	<ul style="list-style-type: none"> <li>• Can be difficult for persons with limited vocabulary</li> <li>• Relatively few response categories compared to the VAS or 101-point NRS</li> <li>• People are forced to choose 1 word, even if no word on the scale adequately describes their pain intensity</li> </ul>
Numeric Rating Scales (NRS)	<ul style="list-style-type: none"> <li>• Easy to administer</li> <li>• Many response categories if 101-point NRS is chosen</li> <li>• Easy to score</li> </ul>	<ul style="list-style-type: none"> <li>• Limited number of response categories if 11-point NRS is used</li> <li>• Compliance with measurement task is high</li> </ul>

PDF available at: [www.AAFPlearninglink.org](http://www.AAFPlearninglink.org). *Disparities in Care: Special Populations in Pain Management*

Adapted with permission from Jensen MP, Karoly P. Self-report scales and procedures for assessing pain in adults. In: Turk D, Melzack R, eds. *Handbook of Pain Assessment*. 2nd ed. New York, NY: The Guilford Press; 2001:25.

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