

**Colorado Division of Workers' Compensation
COMPREHENSIVE PSYCHOLOGICAL TESTING**

Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients*

TEST	TEST CHARACTERISTICS	STRENGTHS AND WEAKNESSES	LENGTH, SCORING OPTIONS & TEST TAKING TIME
Comprehensive Inventories For Medical Patients			
<p>BHI™ 2 (Battery for Health Improvement – 2nd edition)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JPB Intended for: M</p> <p>Restrictions: H</p>	<p><u>What it Measures:</u> Depression, anxiety and hostility; violent and suicidal ideation; borderline, dependency, chronic maladjustment, substance abuse, survivor of violence, perseverance, conflicts with work, family and physician, pain preoccupation, somatization, perception of functioning and others.</p> <p><u>Uses:</u> Useful for identifying affective, characterological, psychophysiological and social factors affecting pain and disability reports. Also useful for assessing patients referred for intensive treatment programs such as chronic pain, functional restoration, or work conditioning, for presurgical risk assessment, for impairment determinations, or when there are strong indications that psychological factors are delaying the recovery process. Designed for computerized progress tracking using serial administrations.</p> <p><u>Benefits:</u> When used as a part of a comprehensive evaluation, can contribute substantially to the understanding of psychosocial factors underlying pain reports, perceived disability, somatic preoccupation, and help to design interventions. Serial administrations can track changes in a broad range of variables during the course of treatment, and assess outcome.</p>	<p><u>Strengths:</u> Has the only nationally normed 0-10 pain profiling. Two norms groups are available, based on national rehabilitation patient and community samples, both of which are stratified to match US census data. English and Spanish versions available. Standardized audio tape administration for persons with literacy or reading problems, computerized administration and progress tracking. Computerized reports also refer to a chronic pain subsample, five diagnostic reference groups (head, neck, upper extremity, back and lower extremity pain groups), and to groups of patients asked to fake good and fake bad.</p> <p><u>Weaknesses:</u> Some dimensions of psychopathology are not assessed, such as psychosis. Lack of longitudinal research on predictive validity or long-term test-retest stability.</p>	<p>217 items, 18 scales including 3 validity measures, 30 content areas, 25 critical items, 25-35 minutes computerized scoring and report.</p> <p>6th grade reading level</p>

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<p>MBHI™ (Millon Behavioral Health Inventory)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JPB Intended for: M</p> <p>Restrictions: H</p>	<p><u>What it Measures:</u> Designed for assessment of general medical patients, relevant, provides info on coping styles, attitudes, etc. Has been superceded by the MBMD.</p> <p><u>Uses:</u> The updated version of the test, the MBMD, should be administered instead.</p>	<p><u>Strengths:</u> Assesses a number of factors relevant to medical patients. English and Spanish versions available. Standardized audio tape administration for persons with literacy or reading problems, computerized administration.</p> <p><u>Weaknesses:</u> Designed for assessment of general medical patients with illness, rather than injury and pain. Obsolescent test has been replaced by the MBMD.</p>	<p>150 items, 20 scales, no validity measures, 20-30 minutes, computerized scoring</p> <p>6th grade reading level</p>
<p>MBMD™ (Millon Behavioral Medical Diagnostic)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JPB Intended for: M</p> <p>Restrictions: H</p>	<p><u>What it Measures:</u> Updated version of the MBHI. Provides information on Coping Styles (introversive, inhibited, dejected, cooperative, sociable, etc), Health Habits (smoking, drinking, eating, etc.), Psychiatric Indications (anxiety, depression, etc), stress moderators (Illness Apprehension vs. Illness Tolerance, etc), treatment prognostics (Interventional Fragility vs. Interventional Resilience, Medication Abuse vs. Medication Competence, etc) and more.</p> <p><u>Uses:</u> Useful for assessment of basic personality types and how they cope with illness. Also useful for patients being referred for intensive treatment programs such as chronic pain, functional restoration, or work conditioning, for presurgical risk assessment, for impairment determinations, or when there are strong indications that psychological factors are delaying the recovery process.</p> <p><u>Benefits:</u> When used as a part of a comprehensive evaluation, can contribute substantially to the under-</p>	<p><u>Strengths:</u> Assesses a number of factors relevant to medical patients. Well-developed theoretical basis. Normed on a national sample of medical patients, which was stratified to match US census data. English and Spanish versions available. Standardized audio tape administration for persons with literacy or reading problems, computerized administration.</p> <p><u>Weaknesses:</u> Designed for general medical use - no scales or norms specifically for pain or rehabilitation patients. No community norms. Best suited for assessment of patients with illness, rather than injury and pain. High level of item overlap on scales.</p>	<p>165 Items, 38 scales, 3 validity measures, 20-30 minutes, computerized scoring</p> <p>6th grade reading level</p>

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	<p>standing of psychosocial factors affecting medical patients. Understanding risk factors and patient personality type can help to optimize treatment protocols for a particular patient.</p>		
<p>PAB (Pain Assessment Battery)</p> <p>Cognisyst www.cognisyst.com</p> <p>Scientific Review: JP Intended for: M</p> <p>Restrictions: H</p>	<p><u>What it Measures:</u> Collection of four separate measures that are administered together (Pain Coping Inventory, Stress Symptoms Checklist, Pain Experience Scale and Coping Skills Profile). Emphasis on the assessment of pain, and coping strategies, degree and frequency of distress, health-related behaviors, coping success, beliefs about pain, quality of pain experience, stress symptoms analysis, and others.</p> <p><u>Uses:</u> Useful for the assessment of pain coping strategies and stress symptoms. Also useful for patients being referred for intensive treatment programs such as chronic pain, functional restoration, or work conditioning, for presurgical risk assessment, for impairment determinations, or when there are strong indications that psychological factors are delaying the recovery process. Designed for computerized progress tracking using serial administrations.</p> <p><u>Benefits:</u> When used as a part of a comprehensive evaluation, can contribute substantially to the understanding of patient stress, pain reports and pain coping strategies, and help to design interventions. Serial administrations can track changes in measured variables during the course of treatment, and assess outcome.</p>	<p><u>Strengths:</u> Strengths include assessment of nonorganic pain complaints, qualitative pain analysis, and pain coping strategies. Computerized administration and progress tracking.</p> <p><u>Weaknesses:</u> No information provided about the nature of the patient norm group, no community norms, complicated test to interpret with many overlapping subscales and indices. Manual provides no test-retest reliability data for most of the scales, no normative data reported for some of the scales, no information about scale inter-correlations.</p>	<p>190 items, total of about 60 scales, subscales and indices; 6 validity indices, 30 minutes</p> <p>8th grade reading level</p>

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<p>Comprehensive Psychological Inventories</p> <p>These tests are designed for detecting various psychiatric syndromes, but in general are more prone to false positive findings when administered to medical patients.</p>			
<p>MCMI-111™ (Millon Clinical Multiaxial Inventory, 3rd edition)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JPB Intended for: P</p> <p>Restrictions: PhD, MD+</p>	<p><u>What it Measures:</u> Has scales based on DSM-IV diagnostic criteria for affective disorders, personality disorders, psychotic disorders, somatization and others.</p> <p><u>Uses:</u> Useful for patients undergoing a more comprehensive psychological assessment. Especially useful for the differential diagnosis of personality disorders. Designed for the assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using.</p> <p><u>Benefits:</u> When used as a part of a part of a comprehensive evaluation, can screen for a broad range of DSM-IV diagnoses.</p>	<p><u>Strengths:</u> Strong research and theoretical base, scales are keyed to DSM-IV diagnostic criteria. Strength is the differential diagnosis of personality disorders. English and Spanish versions available. Standardized audio tape administration for persons with literacy or reading problems, computerized administration.</p> <p><u>Weaknesses:</u> Designed for and normed on psychiatric patients, not pain patients. May over-pathologize patients, unusually high item overlap, resulting in highly interrelated scales.</p>	<p>175 items, 25 scales, 3 validity measures, critical items, 25-30 minutes, computerized scoring</p> <p>8th grade reading level</p>
<p>MMPI-2™ (Minnesota Multiphasic Personality Inventory- 2nd edition™)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JPB Intended for: P</p> <p>Restrictions: PhD, MD+</p>	<p><u>What it Measures:</u> Original scale constructs, such as hysteria and psychesthesia are archaic but continue to be useful. Newer content scales include depression, anxiety, health concerns, bizarre mentation, social discomfort, low self-esteem and about 100 others.</p> <p><u>Uses:</u> Useful for patients undergoing a more comprehensive psychological assessment. Designed for assessment of psychiatric patients, not pain patients, but commonly used in chronic pain and presurgical assessment. Especially useful for the assessment of exaggerating or minimizing symptoms.</p>	<p><u>Strengths:</u> Extremely strong research basis, with both strengths and weaknesses in pain assessment being well documented. Strength is the assessment of faking or biased responding. English and Spanish versions available. Standardized audio tape administration for persons with literacy or reading problems, computerized administration.</p> <p><u>Weaknesses:</u> Designed for psychiatric patients, not pain patients. Normed on community sample but contains some chronic pain data in the interpretive report. Length can be prohibitive. Scales may over-pathologize pain or rehabilita-</p>	<p>567 items, 100+ scales and indices, critical items, 60-90 Minutes, computerized scoring and report, hand scoring.</p> <p>6th grade reading level</p>

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	<p><u>Benefits:</u> When used as a part of a part of a comprehensive evaluation, measures a number of factors that have been associated with poor treatment outcome.</p>	<p>tion patients, full computerized report is complicated, yet most pain patients receive similar profiles. It takes considerable experience to interpret correctly.</p>	
<p>PAI™ (Personality Assessment Inventory) The Psychological Corp. www.psychcorp.com Scientific Review: JPB Intended for: P Restrictions: PhD, MD+</p>	<p><u>What it Measures:</u> A good measure of general psychopathology. Measures depression, anxiety; somatic complaints, stress, alcohol and drug use reports, mania, paranoia, schizophrenia, borderline, antisocial and suicidal ideation and more than 30 others.</p> <p><u>Uses:</u> Useful for patients undergoing a more comprehensive psychological assessment. Designed for assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using.</p> <p><u>Benefits:</u> When used as a part of a part of a comprehensive evaluation, can contribute substantially to the identification of a wide variety of risk factors that could potentially affect the medical patient. .</p>	<p><u>Strengths:</u> Brief 5-minute screen can be administered first to see if the remainder of the test should be administered. English and Spanish versions available. Standardized audio tape administration for persons with literacy or reading problems, computerized administration available. Three norm groups available (community, psychiatric and college student).</p> <p><u>Weaknesses:</u> Designed for psychiatric patients, not pain or rehab patients. Does not assess factors specific to pain treatment.</p>	<p>340 items, 22 scales including 4 validity scales, critical items, 50 minutes</p> <p>4th grade reading level</p>

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Brief Multidimensional Screens for Medical Patients			
<p>BBHI™ 2 (Brief Battery for Health Improvement – 2nd edition)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JP Intended for: M</p> <p>Restrictions: H</p>	<p><u>What it Measures:</u> Pain, functioning, somatization, depression, anxiety, and defensiveness.</p> <p><u>Uses:</u> Brief measure of risk factors for delayed recovery, useful as a screen or as one test in a more comprehensive evaluation. Designed for computerized progress tracking and outcomes research using serial administrations.</p> <p><u>Benefits:</u> Can identify patients complaining of depression and anxiety, and identify patients prone to somatization, pain magnification and self-perception of disability. Can compare the level of factors above to other pain patients and community members. Serial administrations can track changes in measured variables during the course of treatment, and assess outcome. Options include administration by handheld electronic device, with internet-based outcome-tracking system.</p>	<p><u>Strengths:</u> Has the only nationally normed 0-10 pain scale. Two norms groups are available, based on national rehabilitation patient and community samples, both of which are stratified to match US census data. English and Spanish versions. Standardized audio tape administration for persons with literacy or reading problems, computerized progress tracking, on line administration by computer or handheld electronic device. Computerized report compares patient to a community and patient samples, and to a chronic pain subsample, fake good and fake bad groups, and five diagnostic reference groups (head, neck, upper extremity, back and lower extremity pain groups). Can be used as a brief outcome by itself or in conjunction with the BHI-2.</p> <p><u>Weaknesses:</u> No measures of characterological or psychosocial factors. Lack of longitudinal research on predictive validity or long-term test-retest stability.</p>	<p>63 items, 6 scales, 15 critical items, 1 validity measure, 5-8 minutes computerized scoring and report, hand scoring.</p> <p>5th grade reading level</p>
<p>MPI (Multidimensional Pain Inventory)</p> <p>Published by Authors: R. Kerns, D. Turk & T. Rudy</p> <p>Scientific Review: J Intended for: M Restrictions: U</p>	<p><u>What it Measures:</u> Interference, support, pain severity, life-control, affective distress, response of significant other to pain, and self-perception of disability at home, work, social situations and other ADLs.</p> <p><u>Uses:</u> Moderate length instrument that is especially useful in assessing the spouse/ significant other's reaction to the patient's condition, as well as a broad range of disability perceptions. Could be used with serial administrations to track progress in treatment for affective distress, pain, and function.</p> <p><u>Benefits:</u> Can identify patients with high levels of</p>	<p><u>Strengths:</u> Provides an assessment of subjective pain, assesses individual differences among pain patients, 12 scales designed to measure the impact on a patient's activities of daily living. Well-researched instrument.</p> <p><u>Weaknesses:</u> Unpublished test with no test manual available. Less comprehensive than major measures of chronic pain, no measures of faking. Some scales are extremely short, which negatively impacts reliability. Patient norms are not representative, no community norms available.</p>	<p>61 Items, 13 scales, 20 minutes, no validity measures, Computerized scoring available</p>

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	<p>disability perceptions, affective distress, or those prone to pain magnification. Serial administrations can track changes in measured variables during the course of treatment, and assess outcome.</p>		
<p>P-3™ (Pain Patient Profile) Pearson Assessments www.pearsonassessments.com Scientific Review: JPB Intended for: P Restrictions: H</p>	<p><u>What it Measures:</u> Assesses depression, anxiety, and somatization.</p> <p><u>Uses:</u> Brief measure useful when assessing risk factors associated with disability, or as one test in a more comprehensive evaluation. Developed as a screen to measure psychological factors related to chronic pain conditions. Designed for computerized progress tracking using serial administrations.</p> <p><u>Benefits:</u> Can identify patients needing treatment for depression and anxiety, as well as identify patients prone to somatization. Can compare the level of depression, anxiety and somatization to other pain patients and community members. Serial administrations can track changes in measured variables during the course of treatment, and assess outcome.</p>	<p><u>Strengths:</u> Two norms groups are available, based on pain patient and community samples, computerized progress tracking. Standardized audio tape administration for persons with literacy or reading problems, computerized progress tracking, on line administration by computer or handheld electronic device. Computerized report compares patient to both community and chronic pain patient samples.</p> <p><u>Weaknesses:</u> Not comprehensive, somewhat lengthy administration time for a screen.</p>	<p>44 items, 3 scales, 12-15 minutes. Computerized scoring and report</p>
<p>Pain Presentation Inventory Published by Authors Scientific Review: J Intended for: P</p>	<p><u>What it Measures:</u> Collection of three separate measures that are administered together (Pain Symptom Checklist, Pain Behavior Checklist, and the Pain Rating Scale)</p> <p><u>Uses:</u> Intended for the assessment of chronic pain patients, attempts to assess the degree to which functional factors are contributing to pain reports and pain behaviors.</p> <p><u>Benefits:</u> Can be used to identify non-physiological variables associated with pain reports and behaviors,</p>	<p><u>Strengths:</u> Normed on chronic pain patients, attempts to categorize the nature of the factors that are contributing to any nonorganic pain reports.</p> <p><u>Weaknesses:</u> No internal reliability, test/retest reliability or interjudge reliability information available. Some scales based on only one item, required interview makes it more demanding of the professional's time.</p>	<p>99 items for patient to answer, 16 professional ratings to make during 45-60 minute interview with professional, 24 scales. Computerized scoring and report</p> <p>7th Grade Reading Level</p>

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<p>PRIME-MD (Primary Care Evaluation for Mental Disorders)</p> <p>Pfizer</p> <p>Scientific Review: J Intended for: M Restrictions: U</p>	<p>promoting a deeper understanding of factors contributing to chronic pain.</p> <p><u>What it Measures:</u> Two assessment components consist of initial paper and pencil screen for patient, with follow-up structured interview by the physician. Assesses mood, anxiety, somatoform tendencies, alcohol and eating disorders.</p> <p><u>Uses:</u> Clinical method useful in assessing mental health conditions commonly seen in primary care.</p> <p><u>Benefits:</u> Able to screen primary care patients for commonly seen mental disorders.</p>	<p><u>Strengths:</u> Structured interview has good inter-judge reliability. Mood, alcohol and eating disorder modules have good criterion validity. Interview allows for diagnosis of 18 disorders.</p> <p><u>Weaknesses:</u> Very demanding of physician time. Approach is more of a clinical decision tree method as opposed to a psychometric assessment. Non-standardized scoring procedure does not allow for assessing severity of disorder, or changes in symptom level. No norms for pain patients, no validity measures. Some determinations based on only one or two items.</p>	<p>26 items in five clinical modules plus structured interview, no validity measures.</p> <p>Average of 8 minutes or more of physician time for interview (can take up to 20 minutes of MD time)</p> <ul style="list-style-type: none"> • Hand scoring only
<p>PHQ (Patient Health Questionnaire)</p> <p>Pfizer</p> <p>Scientific Review: J Intended for: M Restrictions: U</p>	<p><u>What it Measures:</u> A self-administered version of the PRIME-MD. Assesses mood, anxiety, somatoform tendencies, alcohol and eating disorders.</p> <p><u>Uses:</u> Clinical method useful in assessing mental health conditions commonly seen in primary care.</p> <p><u>Benefits:</u> Able to screen primary care patients for commonly seen mental disorders.</p>	<p><u>Strengths:</u> Has diagnostic validity comparable to the PRIME-MD, although limited to 8 diagnoses. Four variations of this test can be administered, which expands clinical options.</p> <p><u>Weaknesses:</u> Approach uses a decision tree method of administration. While this shortens administration, it also precludes many common psychometric methods, such as the development of norms. No norms for pain patients, no assessment of pain, and no validity measures.</p>	<p>82 items in five clinical modules, no validity measures, administration time unknown</p> <ul style="list-style-type: none"> • Hand scoring only
<p>SF 36™</p> <p>The Health Institute: New England Medical Center</p> <p>Scientific Review: JB Intended for: M Restrictions: U</p>	<p><u>What it Measures:</u> A survey of general health well being, and functional states.</p> <p><u>Uses:</u> Brief measure useful to assess patient perception of physical and emotional functioning, as an outcome measure, or as one test in a more comprehensive evaluation. Serial administrations could be used to track patient perceived functional changes.</p> <p><u>Benefits:</u> Assesses a broad spectrum of patient dis-</p>	<p><u>Strengths:</u> Widely used outcome measure in research and practice, considerable research base.</p> <p><u>Weaknesses:</u> Uses non-standardized scoring procedure, that makes identifying high or low scores much more difficult. No norms for pain patients, no validity measures. Some scales based on only one or two items, and a single</p>	<p>36 items, 8 scales, mixed scoring format, no validity measures.</p> <p>15 minutes</p> <ul style="list-style-type: none"> • Hand scoring only

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<p>(SIP) Sickness Impact Profile</p> <p>Unpublished test © Johns Hopkins University</p> <p>Scientific Review: JB Intended for: M Restrictions: U</p>	<p>ability reports. Serial administrations could be used to track patient perceived functional changes during the course of treatment, and assess outcome.</p> <p><u>What it Measures:</u> Designed to assess perceived disability in the areas of sleep, eating, home management, recreation, mobility, body care, social interaction, emotional behavior and communication.</p> <p><u>Uses:</u> Moderate length measure useful to assess various aspects of a patient's perception of disability. Also useful as an outcome measure, or as one test in a more comprehensive evaluation. Designed for assessment disability due to illness, not pain, which can bias results, and this should be a consideration when using.</p> <p><u>Benefits:</u> Assesses a broad spectrum of patient disability reports. Serial administrations could be used to track patient perceived functional changes during the course of treatment, and assess outcome.</p>	<p>inadvertent response can lead to a positive finding.</p> <p><u>Strengths:</u> Considerable research base, assesses a broad range of ADLs relevant to disability.</p> <p><u>Weaknesses:</u> Unpublished test with no test manual, no pain patient norms, cumbersome to score.</p>	<p>136 items, 12 scales, no validity measures</p> <p>30 minutes</p>
<p>Brief Multidimensional Screens for Psychiatric Patients</p> <p>These tests are designed for detecting various psychiatric syndromes, but in general are more prone to false positive findings when administered to medical patients.</p>			
<p>BSI® (Brief Symptom Inventory)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JP Intended for: P Restrictions: H</p>	<p><u>What it Measures:</u> Somatization, obsessive-compulsive disorder, depression, anxiety, phobic anxiety, hostility, paranoia, psychoticism, and interpersonal sensitivity.</p> <p><u>Uses:</u> When a shorter version of the SCL-90 is desired. Designed for assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using. Designed for computerized progress tracking using serial administrations.</p>	<p><u>Strengths:</u> A shorter version of the SCL-90. Strong reputation and research base, brief. English and Spanish versions. Standardized audio tape administration for persons with literacy or reading problems, computerized progress tracking, on line administration by computer or handheld electronic device.</p> <p><u>Weaknesses:</u> Designed for and normed on psychiatric patients, not pain patients, no measures of defensiveness or pain.</p>	<p>53 items, 12 scales, no validity measures, computerized scoring and report, hand scoring.</p> <p>4– 7 minutes</p>

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	<p><u>Benefits:</u> Can identify patients needing treatment for depression and anxiety, as well as identify patients prone to somatization. Can compare the level of depression, anxiety and somatization to community members. Serial administrations could be used to track changes in measured variables during the course of treatment, and assess outcome.</p>		
<p>BSI® 18 (Brief Symptom Inventory-18)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JP Intended for: P</p> <p>Restrictions: H</p>	<p><u>What it Measures:</u> Depression, anxiety, somatization.</p> <p><u>Uses:</u> Useful as a screen or as one test in a more comprehensive evaluation. Designed for assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using. Designed for computerized progress tracking using serial administrations.</p> <p><u>Benefits:</u> Can identify patients needing treatment for depression and anxiety, as well as identify patients prone to somatization. Can compare the level of depression, anxiety and somatization to community members. Serial administrations could be used to track patient perceived functional changes during the course of treatment, and assess outcome.</p>	<p><u>Strengths:</u> A shorter version of the SCL-90. Strong reputation and research base, brief. English and Spanish versions. Standardized audio tape administration for persons with literacy or reading problems, computerized progress tracking, on line administration by computer or personal digital assistant.</p> <p><u>Weaknesses:</u> Designed for and normed on psychiatric patients, not pain patients, no measures of defensiveness or pain.</p>	<p>18 items, 3 scales, no validity measures, computerized scoring and report, hand scoring. 2-3 minutes</p>
<p>SCL-90-R® (Symptom Checklist –90 Revised)</p> <p>Pearson Assessments www.pearsonassessments.com</p> <p>Scientific Review: JPB Intended for: P</p>	<p><u>What it Measures:</u> Somatization, obsessive-compulsive, depression, anxiety, phobic anxiety, hostility, paranoia, psychoticism, and interpersonal sensitivity.</p> <p><u>Uses:</u> Designed for assessment of psychiatric patients, not pain patients, which can bias results, which should be a consideration when using. Designed for computerized progress tracking using se-</p>	<p><u>Strengths:</u> Strong research base, relatively brief, computerized progress tracking. English and Spanish versions. Standardized audio tape administration for persons with literacy or reading problems, computerized progress tracking, on line administration by computer.</p> <p><u>Weaknesses:</u> Designed for and normed on psychiatric patients, not pain patients. Current norm base not appropriate for medical popula-</p>	<p>90 items, 12 scales, no validity measures, computerized scoring and report, hand scoring. 15 minutes</p> <p>6th grade reading level</p>

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Restrictions: H	<p>rial administrations.</p> <p><u>Benefits:</u> Can identify patients needing treatment for depression and anxiety, as well as identify patients prone to somatization. Can compare the level of depression, anxiety and somatization to community members. Serial administrations could be used to track changes in measured variables during the course of treatment, and assess outcome.</p>	<p>tions</p>	

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<p>Brief Specialized Psychiatric Screening Measures These tests are designed for detecting various psychiatric syndromes, but in general are more prone to false positive findings when administered to medical patients.</p>			
<p>BDI ®–II (Beck Depression Inventory-2nd edition) The Psychological Corp. www.psychcorp.com Scientific Review: JPB Intended for: P Restrictions: PhD, MD+</p>	<p><u>What it Measures:</u> Depression</p> <p><u>Uses:</u> Intended as a brief measure of depression, useful as a screen or as one test in a more comprehensive evaluation. Serial administration may be used to assess changes in depression, or as an outcome measure. Designed for assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using.</p> <p><u>Benefits:</u> Can identify patients needing referral for further assessment and treatment for depression. Repeated administrations can track progress in treatment for depression.</p>	<p><u>Strengths:</u> Well-known, well-researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80. English and Spanish versions.</p> <p><u>Weaknesses:</u> Limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present.</p>	<p>21 items, 1 scale, no validity measures. 5 minutes, hand scoring, computerized scoring and report.</p>
<p>CES-D (Center for Epidemiological Studies Depression Scale) Unpublished, public domain Scientific Review: J Intended for: P Restrictions: U</p>	<p><u>What it Measures:</u> Depression</p> <p><u>Uses:</u> Intended as a brief measure of depression, useful as a screen or as one test in a more comprehensive evaluation. Designed for assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using.</p> <p><u>Benefits:</u> Can identify patients needing referral for further assessment and treatment for depression. Repeated administrations can track progress in treatment for depression.</p>	<p><u>Strengths:</u> Well-known, well-researched, brief, has been translated into numerous languages.</p> <p><u>Weaknesses:</u> Limited to assessment of depression, easily faked. Psychometric characteristics are not well known, but well-established propensity for false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. Public domain status has lead to widespread use of many modified or shortened forms of the test, which may not be equivalent.</p>	<p>20 items, 1 scale, no validity measures, 3 minutes, hand scoring,.</p>
<p>PDS™ (Post Traumatic Stress Diagnostic Scale) Pearson Assessments</p>	<p><u>What it Measures:</u> PTSD</p> <p><u>Uses:</u> When PTSD diagnosis is suspected. Designed</p>	<p><u>Strengths:</u> Highly specific test designed for a single disorder, closely tied to DSM-IV criteria. Normed on a sample of PTSD patients, comput-</p>	<p>49 items, 6 scales, 10-15 minutes. Computerized scoring and report</p>

**Colorado Division of Workers' Compensation
COMPREHENSIVE PSYCHOLOGICAL TESTING**

Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients*

TEST	TEST CHARACTERISTICS	STRENGTHS AND WEAKNESSES	LENGTH, SCORING OPTIONS & TEST TAKING TIME
<p>www.pearsonassessments.com</p> <p>Scientific Review: P Intended for: O Restrictions: BS+</p>	<p>for computerized progress tracking using serial administrations.</p> <p><u>Benefits:</u> Helps confirm PTSD diagnosis. Repeated administrations can track treatment progress of PTSD patients.</p>	<p>erized progress tracking, on line administration by computer.</p> <p><u>Weaknesses:</u> Test is not well researched, useful only for this single diagnosis.</p>	<p>8th grade reading level</p>
<p>Zung Depression Inventory</p> <p>Glaxowellcome www.glaxowellcome.com</p> <p>Scientific Review: J Intended for: P Restrictions: U</p>	<p><u>What it Measures:</u> Depression</p> <p><u>Uses:</u> Intended as a brief measure of depression, useful as a screen or as one test in a more comprehensive evaluation. Designed for assessment of psychiatric patients, not pain patients, which can bias results, and this should be a consideration when using.</p> <p><u>Benefits:</u> Can identify patients needing referral for further assessment and treatment for depression. Repeated administrations can track progress in treatment for depression.</p>	<p><u>Strengths:</u> Well-known, brief measure.</p> <p><u>Weaknesses:</u> Limited to assessment of depression, easily faked. Psychometric characteristics are not well established, and similar scales are prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present.</p>	<p>20 items, 1 scale, no validity measures, 5 minutes, hand scoring</p>

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TEST	TEST CHARACTERISTICS	STRENGTHS AND WEAKNESSES	LENGTH, SCORING OPTIONS & TEST TAKING TIME
Brief Specialized Medical Screening Measures			
<p>MPQ (McGill Pain Questionnaire)</p> <p>Unpublished test Author: R. Melzak</p> <p>Scientific Review: JB Intended for: M Restrictions: U</p>	<p><u>What it Measures:</u> Measures cognitive, emotional and sensory aspects of pain.</p> <p><u>Uses:</u> Assesses pain experience, useful as a screen or as one test in a more comprehensive evaluation.</p> <p><u>Benefits:</u> Can identify patients prone to pain magnification. Repeated administrations can track progress in treatment for pain.</p>	<p><u>Strengths:</u> Well-known and researched in the pain community. Variations of this test have been translated into 12 languages. Provides a way to describe pain and measure treatment utility including organic and affective components.</p> <p><u>Weaknesses:</u> Unpublished test with no test manual. Good reliability, but psychometric problems include a lack of discriminate validity and high intercorrelations between subscales that reduce their usefulness. Four different scoring methods have been proposed in the literature. Overall score may be the only useful score clinically.</p>	<p>60 Items 3 subscales, 1 scale, no validity measures, 10-20 minutes</p>
<p>MPQ-SF (McGill Pain Questionnaire – Short Form)</p> <p>Unpublished test Author: R. Melzak</p> <p>Scientific Review: J Intended for: M Restrictions: U</p>	<p><u>What it Measures:</u> Measures emotional and sensory aspects of pain.</p> <p><u>Uses:</u> A shorter version of the MPQ, that intercorrelates highly with it, and may make administering the whole test unnecessary.</p> <p><u>Benefits:</u> Can identify patients prone to pain magnification. Repeated administrations can track progress in treatment for pain.</p>	<p><u>Strengths:</u> Shorter version of a well known test.</p> <p><u>Weaknesses:</u> Unpublished test with no test manual. Good reliability, but psychometric problems include a lack of discriminate validity and high intercorrelations between subscales that reduce their usefulness. Overall score may be the only useful score clinically.</p>	<p>20 Items 3 subscales, 1 scale, no validity measures, 3-5 minutes</p>
<p>Oswestry Disability Questionnaire</p> <p>Unpublished test</p> <p>Scientific Review: JB Intended for: M Restrictions: U</p>	<p><u>What it Measures:</u> Perceived disability secondary to low back pain.</p> <p><u>Uses:</u> Brief measure useful to assess patient perception of disability, as an outcome measure, or as one test in a more comprehensive evaluation.</p> <p><u>Benefits:</u> Can measure patients' self-perceptions of disability. Serial administrations could be used to</p>	<p><u>Strengths:</u> Considerable research base, commonly used as an outcome measure, well known.</p> <p><u>Weaknesses:</u> Unpublished test with no test manual, and no norms. Limited to use with low back pain patients. Does not assess any psychological variables.</p>	<p>20 Items, 1 scales, 3-4 minutes, no validity measures</p>

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COMPREHENSIVE PSYCHOLOGICAL TESTING**

Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients*

TEST	TEST CHARACTERISTICS	STRENGTHS AND WEAKNESSES	LENGTH, SCORING OPTIONS & TEST TAKING TIME
<p>Visual Analogue Pain Scale (VAS) Unpublished test</p> <p>Scientific Review: J Intended for: M Restrictions: U</p>	<p>track changes in self-perceptions of functional ability during the course of treatment, and assess outcome.</p> <p><u>What it Measures:</u> Graphical measure of patient's pain report.</p> <p><u>Uses:</u> Extremely brief measure of pain, useful when relative, as opposed to standardized, assessment of pain is acceptable. Serial administration may be used to assess changes in pain, or as an outcome measure.</p> <p><u>Benefits:</u> Quantifies patients' pain reports. Serial administrations could be used to track changes in pain reports during the course of treatment, and assess outcome.</p>	<p><u>Strengths:</u> Very simple nonpsychometric instrument, extremely quick to administer and score. Widely used in research, and has been shown to correlate with the intensity of physical stimuli.</p> <p><u>Weaknesses:</u> Unpublished test with no test manual. No standardized visual stimulus, with both vertical and horizontal versions. No standardized instructions (rate pain right now, rate pain recently, etc), and no agreement as to what label to apply to the highest score. This has resulted in a multitude of versions of the VAS scale that are not equivalent. No norms or reliability information is available. Some individuals have difficulty with the spatial aspect of responding required.</p>	<p>Manual scoring, no validity measures <1 minute</p>

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Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients*

TEST	TEST CHARACTERISTICS	STRENGTHS AND WEAKNESSES	LENGTH, SCORING OPTIONS & TEST TAKING TIME
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KEY

Scientific Review:
J – Peer reviewed journal publication(s)
P – Publisher review
B – Buros Mental Measurements Yearbook Review

Intended for:
M – Medical patients
P – Psychological patients
B – Both
O – Other

Test Security Level/ Purchasing Restrictions:

PhD Psychologist
MD+ Physician with documentation of psychometric training
MS Masters level mental health or physician; documentation of training needed
H Licensed health professional; documentation of training needed
BS+ Bachelors degree in health sciences; documentation of training needed
U Unpublished, unrestricted

Notes:

- All tests were judged to have acceptable evidence of validity and reliability except as noted.
- Tests published by major publishers are generally better standardized, and have manuals describing their psychometric characteristics and use. Published tests are also generally more difficult to fake, as access to test materials is restricted to qualified professionals. Third party review (by journal peer review or Buros Institute) supports the credibility of the test.
- Test norms provide a benchmark to which an individual's score can be compared. Tests with patient norms detect patients who are having unusual psychological reactions, but may overlook psychological conditions common to patients. Community norms are often more sensitive to detecting psychological conditions common to patients, but are also more prone to false positives. Double normed tests (with both patient and community norms) combine the advantages of both methods.
- Preference should be given to psychological tests designed and normed for the population you need to assess. Psychological tests designed for medical patients often assess syndromes unique to medical patients, and seek to avoid common pitfalls in the psychological assessment of medical patients. Psychological tests designed for psychiatric patients are generally more difficult to interpret when administered to medical patients, as they tend to assume that all physical symptoms present are psychogenic in nature (i.e. numbness and tingling may be assumed to be a sign of somatization). This increases the risk of false positive psychological findings.
- Tests sometimes undergo revision and features may change. When a test is updated, the use of the newer version of the test is strongly encouraged.
- Document developed by Daniel Bruns, PsyD and accepted after review and revisions by the Chronic Pain Task Force, June 2001. Dr. Bruns is the coauthor of the BHI 2 and BBHI 2 tests.