Rev Bras Anestesiol. 2016;66(1):94–104

REVISTA BRASILEIRA DE ANESTESIOLOGIA
Official Publication of the Brazilian Society of Anesthesiology
www.sba.com.br

MISCELLANEOUS

Translation and transcultural adaptation of Pain Quality Assessment Scale (PQAS) to brazilian version☆

Anamada Barros Carvalho[a,b,c,*], **João Batista Santos Garcia**[a,b,d], **Thayanne Kelly Muniz Silva**[b], **João Victor Fonseca Ribeiro**[b]

[a] *Outpatient Chronic Pain, Hospital Universitário da Universidade Federal do Maranhão (HU-UFMA), São Luís, MA, Brazil*
[b] *Liga Acadêmica de Dor Maranhão, São Luís, MA, Brazil*
[c] *Health Sciences, Universidade Federal do Maranhão (UFMA), São Luís, MA, Brazil*
[d] *Department of Anesthesiology Pain and Palliative Care, Universidade Federal do Maranhão (UFMA), São Luís, MA, Brazil*

Received 9 August 2013; accepted 30 October 2013
Available online 26 November 2014

KEYWORDS
Neuropathy;
Chemotherapy;
Self-report instruments;
Translation;
Cross-cultural adaptation

Abstract
Introduction: Most cancer patients are treated with chemotherapy, and peripheral neuropathy is a serious and common clinical problem affecting patients undergoing cancer treatment. However, the symptoms are subjective and underdiagnosed by health professionals. Thus, it becomes necessary to develop self-report instruments to overcome this limitation and improve the patient's perception about his medical condition or treatment.
Objective: Translate and culturally adapt the Brazilian version of the Pain Quality Assessment Scale, constituting a useful tool for assessing the quality of neuropathic pain in cancer patients.
Method: The procedure followed the steps of translation, back translation, analysis of Portuguese and English versions by a committee of judges, and pretest. Pretest was conducted with 30 cancer patients undergoing chemotherapy following internationally recommended standards, and the final versions were compared and evaluated by a committee of researchers from Brazil and MAPI Research Trust, the scale's creators.
Results: Versions one and two showed 100% semantic equivalence with the original version. Back-translation showed difference between the linguistic translation and the original version. After evaluation by the committee of judges, a flaw was found in the empirical equivalence and idiomatic equivalence. In pretest, two people did not understand the item 12 of the scale, without interfering in the final elaboration.
Conclusion: The translated and culturally adapted instrument is now presented in this publication, and currently it is in the process of clinical validation in Brazil.

☆ Institution: Instituto Maranhense de Oncologia Aldenora Bello.
* Corresponding author.
E-mail: anamadac@yahoo.com.br (A.B. Carvalho).

http://dx.doi.org/10.1016/j.bjane.2013.10.018

PALAVRAS-CHAVE
Neuropatia;
Quimioterapia;
Instrumentos de auto-relato;
Tradução;
Adaptação transcultural

Tradução e adaptação transcultural da *Pain Quality Assessment Scale* (PQAS) para a versão brasileira

Resumo
Introdução: A maioria dos pacientes com câncer são tratados com quimioterápicos e a neuropatia periférica é um problema clínico sério e comum que afeta os pacientes em tratamento oncológico. Entretanto, tais sintomas são subjetivos sendo subdiagnosticado pelos profissionais de saúde. Assim, torna-se necessário o desenvolvimento de instrumentos de autorrelato para superar essa limitação e melhorar a percepção do paciente sobre o seu tratamento ou condição clínica.
Objetivo: Traduzir e adaptar transculturalmente a versão brasileira do Pain Quality Assessment Scale (PQAS), constituindo em um instrumento útil de avaliação da qualidade da dor neuropática em pacientes com câncer.
Método: O procedimento seguiu as etapas de tradução, retrotradução, análise das versões português e inglês por um comitê de juízes e pré-teste. O pré-teste foi realizado em 30 pacientes com câncer em tratamento quimioterápico seguindo normas internacionalmente recomendadas, sendo as versões finais comparadas e avaliadas por comitê de pesquisadores brasileiros e da MAPI Research Trust, originadores da escala.
Resultados: As versões um e dois apresentaram 100% de equivalência semântica com a versão original. Na retrotradução houve diferenças na tradução linguística com a versão original. Após a avaliação do Comitê de Juízes, foi encontrada uma falha na equivalência empírica e na equivalência idiomática. No pré-teste, duas pessoas não entenderam o item 12 da escala, sem interferir na elaboração final da mesma.
Conclusão: O instrumento agora traduzido e adaptado transculturalmente é apresentado nessa publicação e, atualmente, encontra-se em processo de validação clínica no Brasil.

Introduction

Painful experiences are exactly alike. People use the word 'pain' to describe a wide variety of sensations and experiences arising from various etiologies Although the pain intensity or magnitude is the most evaluated characteristic on clinical experience and scientific research, currently we know that people can feel the same pain intensity, but with different qualities.[1]

Most cancer patients are treated with chemotherapy. Bone marrow suppression and renal and neurologic toxicity are the most common adverse events seen after the use of chemotherapeutic agents for treating malignancies and the main reasons for anticancer treatment discontinuation or changing the treatment regimen. The neurotoxicity, involving both the peripheral and the central nervous system, tends to occur early and persist even with the chemotherapy reduction or discontinuation.[2–7]

Currently, the interest in the subjective perceptions of patients about the intensity and the effects of chemotherapy-induced peripheral neuropathy (CIPN) increased, and several self-report instruments are being developed to assess the patient's perception of his/her treatment or medical condition.[4,6–11]

Among the self-report instruments used in clinical practice there is the Pain Quality Assessment Scale (PQAS) (Fig. 1). PQAS is nonspecific for CIPN, but derives from a scale called Neurophatic Pain Scale (NPS). The NPS was developed to assess distinct pain qualities associated with neuropathic pain, the first instrument specifically designed for this purpose.[12] The scale includes two items that assess the overall dimensions of intensity and intolerable pain, plus eight items in which specific qualities of neuropathic pain are described as: 'sharp', 'hot', 'poorly localized, 'cold', 'sensitive as raw wound', 'itchy', 'superficial' and 'deep'.[12] Later, it was necessary to add 10 descriptors related to the quality of pain ('sensitive as a wound', 'numbness', 'shocks', 'tingling', 'radiating', 'pounding', 'like a toothache', 'sting', 'cramp-like', and 'weight' type) increasing the NPS content validity and three items related to the temporality of pain ('constant with intermittent increases', 'intermittent', or 'constant with fluctuation'), which was useful to evaluate both neuropathic and non-neuropathic pain;[1,13–16] thus, originating the PQAS. Although useful, this scale has not been validated for Brazil yet.

Thus, the aim of this study was to translate and cross-culturally adapt the PQAS into Portuguese of Brazil in order to provide clinicians and researchers with a tool

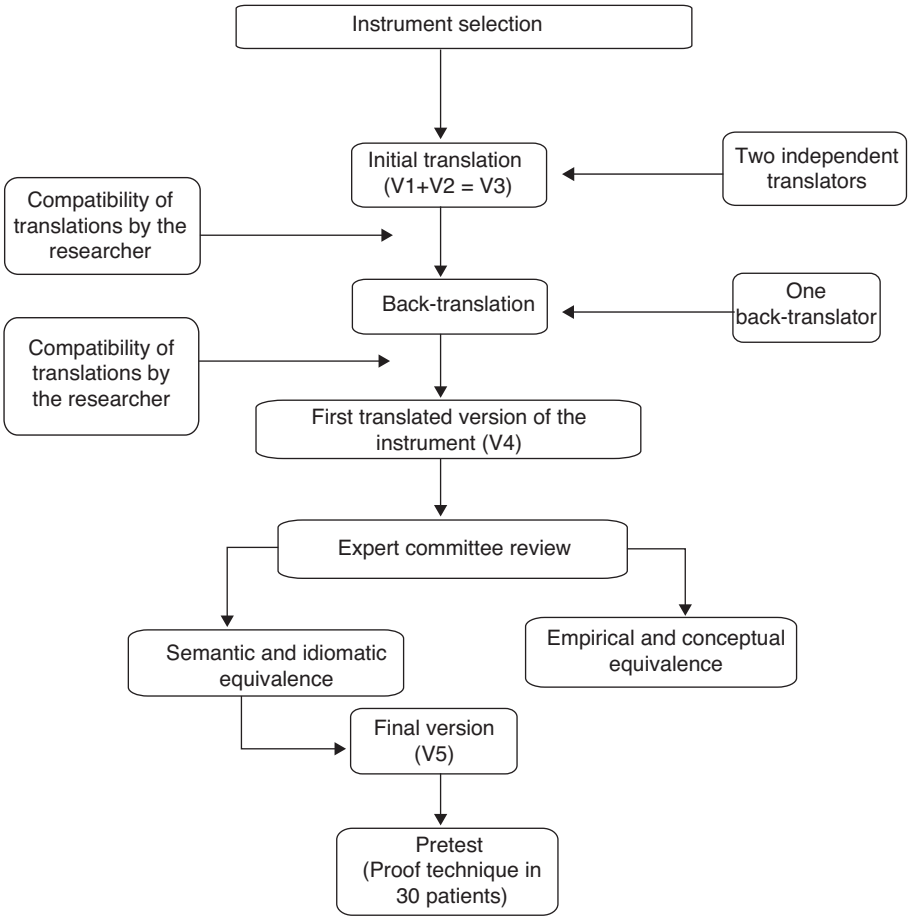

Figure 1 Flowchart showing the steps of translation and cross-cultural adaptation of the Pain Quality Assessment Scale (PQAS) at a referral hospital for cancer in Brazil.

for assessing the quality of neuropathic pain in patients undergoing chemotherapy in a cancer referral public hospital.

Materials and methods

PQAS comprises 20 items of global assessment of pain severity and its inconveniences, two spatial aspects of pain, and 16 different qualities of pain. Although the items have similar characteristics with more than one measure, their best ability is to capture the qualities or domains affected by the pain treatment. Each item uses a verbal numerical scale, in which 0 = no pain or no sensation and 10 = the worst pain imaginable. As mentioned above, pain is assessed using two global domains (pain severity and discomfort caused by it), two spatial domains (deep or surface) and 16 quality domains (sharp, hot, poorly localized, cold, sensitive as raw wound, 'mosquito bite', sting, numbness, shock, tingling, cramp, radiating, pounding, 'like a toothache', and weight). Additionally, PQAS also has an item that assesses the temporal pattern of pain (intermittent without pain at other times, minimal pain all the time with exacerbation periods, and constant pain that does not change very much from one moment to another).[1,13–16]

PQAS translation and adaptation were performed following the internationally recommended standards.[17] PQAS was translated into Portuguese by two Brazilians who are fluent in English and Portuguese, which generated two independent versions (V1 and V2). These two versions were evaluated by the Brazilian researchers who developed a third version (V3). The third version was then subjected to back-translation into English, performed by a physician fluent in Portuguese and English, who was unaware of the original instrument and the translation purpose, which produced an English version (V4).[17,18]

The equivalence of each item in the original English version, in the English version resulting from the back-translation (V4), and in the third version in Portuguese (V1 + V2 = V3) were reviewed by an expert committee formed by a multidisciplinary team (physician, nurse, psychologist, physiotherapist), who knew the topic researched, the purpose of the instrument, and the concepts to be analyzed. The experts' work was to detect possible differences in the translations, compare the terms and words together, identifying whether the scale items were related or not to the concepts measured in the original instrument. The descriptors accepted by at least 80% of the experts were considered as having an appropriate translation. From the

experts' opinions, the final version of the instrument (V5) was developed.[17,18]

The decisions made by this committee were based on the equivalence between the source and target version in four aspects:

a) *Semantic equivalence*: knowing if the translated words have the same meaning; if multiple meanings come from a particular item, and if there were grammatical difficulties in translation.
b) *Idiomatic equivalence*: equivalent expressions were formulated in the target version, avoiding difficulties in translating colloquialisms and idioms.
c) *Empirical Equivalence*: terms in the questionnaire were replaced by similar terms which are used in our culture of origin, seeking to capture daily life experiences.
d) *Conceptual equivalence*: it was observed if the words had different meanings across cultures, replacing the inadequate terms.[17–19]

Consensus was reached on all items, with the presence of all translators on the committee, providing a good understanding immediately.[17,18]

After choosing the final version (V5), the pre-test was conducted with 30 patients undergoing chemotherapy at a referral hospital for oncology in Brazil after signing the informed consent. They completed the questionnaire, were asked what they thought of each item, and choose the best answer.[17,18]

Semantic equivalence was performed under the coordination of the MAPI Research Trust, Lyon, France, researchers who drafted the original PQAS with the main investigator participation.

Results

The final Brazilian version of the PQAS resulted from the back-translation and experts' review and is being submitted to an evaluation of its psychometric properties in an ongoing study by the pain team of the University Hospital, a referral center in Brazil.

During the preparation of the V1 and V2 versions, we observed 100% semantic agreement among translators. In item 4, in which we asked how dull your pain feels?—the word ''dull'' was translated as ''indefinida'' (undefined) on these two versions, which did not persist after the experts review.

In back-translation, we saw differences in language translation with the original version. In item 1, the word 'intense' in the original was back-translated as 'severe'. In item 2, 'like a spike' was replaced by 'like a needle' and 'the most sharp' by 'the most prickling'. All other items are summarized in Table 1.

During the expert committee evaluation, there were no differences in semantic and conceptual equivalence. As previously mentioned, the word 'dull' in item 4 was translated as 'undefined' in versions 1 and 2. However, such expression was judged as having little information about the patient's painful feature in our native language, which was identified as a gap in empirical equivalence. Thus, it was replaced by the term 'poorly localized', best exemplifying this quality of pain in our regional population.

The experts also identified colloquialisms and idioms that could interfere with the correct description of the quality of pain in our population, such as in item 1 with 'nenhuma dor' (no pain at all) in V1 and 'sem dor' (no pain) in V2, the term 'sem dor' (no pain) was chosen for the final version. This fact results in a change in idiomatic equivalence. After completion of this phase, version 5 of the instrument was generated. Tables 2 and 3 show the other terms.

During the pre-test, in which patients are asked to choose between the terms, only in item 12 two people did not choose because they did not understand the scale sense.

Table 1 The back-translation process for PQAS.

Original scale	Back-translated scale
4/Dull.	Difficult was to locate your pain.
7/Like a bruise.	Like a wound.
8/Like poison ivy.	Like a tingle.
9/Zapping.	Hooked.
13/Tight.	Gripping.
15/Pounding.	Pulsatile.
19/How intense is your surface pain?	How intense is your shallow pain?
20/I have variable pain (*background* pain all the time, but also moments of more pain or even severe *breakthrough pain or varying types of pain*).	I have variable pain or even with moments of suddenly severe pain or different levels of intensity of pain.

PQAS, Pain Quality Assessment Scale.

Table 2 Terms chosen for Version 1 after the expert committee review.

Item in V1 Scale	Expert committee review
2	Worst acute pain imaginable
3	No burning
5	No cold sensation/worst cold sensation imaginable 'freezing'
6	No sensitive/the most sensitive possible (raw skin)
7	No sensitive/the most sensitive possible (wound-like)
8	No itching
10	No numbness/the worst numbness sensation imaginable
11	No shocks/the worst sensation of shocks imaginable
13	No cramp sensation/the worst cramp sensation imaginable
14	No irradiation
16	No soreness/the worst sensation of soreness imaginable

Table 3 Terms chosen in Version 2 after the expert committee review.

Item in V2 Scale	Expert committee review	Item in V2 Scale	Expert committee review
1	The most severe pain you have ever experienced	14	The worst pain irradiation imaginable (spread)
2	No sharp pain/the worst sensation of sharp pain ever felt (like a knife)	15	No pounding pain/the worst sensation of pounding pain imaginable
3	The worst hot pain ever felt (burning)	17	No weight-like pain/the worst sensation of weight-like pain (very strong)
4	No pain/the worst sensation of ''poorly localized pain'' imaginable	18	No bothering/the most intolerable sensation of pain imaginable
8	The worst itching sensation imaginable (like a mosquito bite)	19	No deep pain/the deepest pain imaginable; No surface pain/severe pain on the body surface
9	No stinging pain/the worst stinging pain ever felt	20	All scale items were chosen
12	No tingling/the worst tingling sensation imaginable		

In other terms, 100% of patients reported understanding the items chosen without any difficulty.

Despite this small difference, the originators of the scale decided that there was semantic concordance between the two translations, and that the validation process could be started.

Discussion

The main objective of this study was achieved with the successful translation and cross-cultural adaptation of the PQAS into Portuguese.

Among the various adverse events resulting from chemotherapy, CIPN remains the diagnosis in later stages of the disease with moderate to severe symptoms of sensory and/or motor neuropathy, when the quality of life of these individuals is already compromised both physically and emotionally. Thus, we chose to validate the PQAS in this population of patients who often report tingling, stinging or burning, numbness, pinpricks and bilateral shock-like sensations in hands and feet as symptoms resulting from CIPN in early stages of the disease. Furthermore, the absence of a gold standard instrument to identify this disease further hinders any possibility of prevention and appropriate treatment.[10]

Other studies, which compared the effects of different pain treatments for patients with similar qualities of pain, reported effects both similar and different for certain qualities, depending on the studied population and treatment.[1] One study compared the effects of 5% lidocaine patch with corticoid injection alone in carpal tunnel syndrome (CTS). The results showed a decrease in tingling, numbness, unpleasant sensation, deep ache, electric-like, intense, superficial, sharp, burning, and unpleasant sensations in both treatments, with greater effects on pounding and numbness with the lidocaine patch[9]. In the group of neuropathic pain patients with postherpetic neuralgia and diabetic neuropathy, a combination of oxycodone and pregabalin showed significant improvement in freezing cold pain, although the combination of pregabalin and placebo had improved burning and sharp pain.[1] The results of these studies suggest the efficacy of various pharmacological treatments for certain qualities of pain in patients with specific diagnoses. Thus, the translation and cross-cultural adaptation of PQAs and its subsequent validation will provide a useful tool for this purpose in our population.

The development of the V1 and V2 versions was not difficult. However, the physician who performed the back-translation reported difficulty to finish it, as he represents a different specialty from the researched topic, in addition to the fact that many terms that refer to painful conditions are not easy to express exactly the quality of the pain the patient feels. This generated more reliability to this stage of the research, as the back-translated version was deemed compatible by the originators of the scale.

The pretest phase is necessary for the completion of the translation and cultural adaptation process of the scales. During the study, it was necessary to give more extensive explanations of some terms due to the low educational level of the population surveyed. In a study conducted in Japan,[18] patients reported problems regarding the understanding of items, some being considered irrelevant, diverging from this study where such action was not necessary. There was no problem with the scale creators' authorization to start the process of its translation, cross-cultural adaptation, and validation.

During data collection, the questionnaire was completed through an interview via clinician/researcher and patient using only pencil and paper. Patients took about 15 minutes on average to answer the questionnaire for the first time. At other times, this time was longer. After realizing that this could be a complicating factor for the questionnaire application in the routine of crowded offices, a small training among researchers was conducted. Thus, the interview was conducted with more simple and easy to understand

terms, as most patients had a more elementary level of education. It was then possible to reduce the interview time to 8–10 minutes without compromising the visit time and achieving patient satisfaction. However, it is known that patients have difficulty expressing painful symptoms, especially when they are associated with CIPN.[10] This may explain the difficulty faced by patients to complete the questionnaire.

Although there is no gold standard process to be strictly followed by all researchers in order to perform a translation and cross-cultural adaptation, three steps are essential: translation/back-translation, expert committee review, and pretest. All three steps in this study were rigorously monitored.[18]

Thus, the Brazilian version of PQAS is now translated and culturally adapted and, after its validation (currently in progress by the Pain Research Group at the University Hospital, a referral center in Brazil), it will certainly be a useful tool for clinicians and researchers to evaluate the signs and symptoms of different qualities of pain, neuropathic or not, helping to elucidate the painful mechanism, evaluate the effectiveness of treatment of different diseases, and especially in the early detection of sensory symptoms in patients at risk of developing more serious stages of CIPN.

Conflicts of interest

The authors declare no conflicts of interest.

Annex. Portuguese final version of the Pain Quality Assessment Scale (PQAS)

FIGURA 2 – VERSÃO FINAL EM PORTUGUÊS DA PQAS

ESCALA DE AVALIAÇÃO DE QUALIDADE DA DOR © (EAQD ©)

Instruções: Há diferentes aspectos e tipos de dor que os pacientes experimentam e que estamos interessados em medir. A dor pode vir como pontadas, quente, fria, dormência ou de modo indefinido. Algumas dores podem ser referidas como muito superficiais (ao nível da pele), ou podem ser referidas de maneira mais profunda. A dor pode ser descrita como desagradável e pode também ter qualidades em tempos distintos. A Escala de Avaliação da Qualidade da Dor ajuda-nos a medir estes e outros aspectos diferentes da sua dor. Para um paciente, a dor pode ser extremamente quente e ardente, mas nem sempre de maneira indefinida, enquanto outros pacientes podem não sentir qualquer dor em queimação. Portanto, esperamos que você possa classificá-la em muito elevada em algumas das escalas abaixo e muito baixa em outras.

Por favor, use as 20 escalas de avaliação abaixo para avaliar a qualidade de cada tipo diferente de dor que você pode ou não pode ter sentido ***DURANTE A ÚLTIMA SEMANA, EM MÉDIA***

Coloque um "X" através do número que melhor descreve sua dor. Por exemplo:

...0	1	2	3	4	5	6	7	8	X 9	10...

1. Utilize a escala abaixo para nos dizer o quão intensa sua dor tem sido ao longo da semana passada, em média.

Sem dor										A mais intensa dor que você já teve
...0	1	2	3	4	5	6	7	8	9	10...

2. Utilize a escala abaixo para nos dizer o quanto em pontada foi a dor sentida durante a semana passada. Palavras usadas para descrever dores agudas incluem "como uma faca "," como uma agulha ", ou "perfurante".

Nenhuma dor em pontada										A maior sensação de dor em pontada já sentida (como uma faca.
...0	1	2	3	4	5	6	7	8	9	10...

3. Utilize a escala abaixo para nos dizer o quão quente a sua dor se mostrou durante a ultima semana. As palavras utilizadas para descrever a dor muito quente, incluem "em queimação","queimando" e "pegando fogo".

Sem queimação	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior dor em queimação já sentida

4. Utilize a escala abaixo para nos dizer o quão mal localizada foi a sua dor durante a semana passada

Nenhuma dor mal localizada	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A dor mais mal localizada imaginável

5. Utilize a escala abaixo para nos dizer quão fria sua dor tem se mostrado na última semana. As palavras utilizadas para descrever a dor muito fria, incluem "como gelo" e "congelando".

Sem sensação de frio	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	Sensação mais fria imaginável ("congelando")

6. Utilize a escala abaixo para nos dizer o quanto sua pele tem se mostrado sensível ao toque ou ao esfregar roupas contra ela durante a semana passada. Palavras usadas para descrever a pele sensível incluem "como a pele queimada pelo sol" ou "em carne-viva".

Não sensível	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	Do modo mais sensível possível ("em carne-viva")

7. Utilize a escala abaixo para nos dizer como sua dor se apresenta quando tem algo pressionado contra ela, durante a última semana. Outra palavra usada para descrever a dor é "como uma ferida."

Não sensível	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	Do modo mais sensível possível ("como uma ferida")

8. Utilize a escala abaixo para nos dizer a intensidade da coceira que sentiu durante a semana passada. As palavras utilizadas para descrever coceira incluem "pinicando" e "como uma picada de mosquito".

Nenhuma coceira	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de coceira imaginável (como uma picada de mosquito).

9. Utilize a escala abaixo para nos dizer o quão em fisgada é a dor sentida na semana passada.

Nenhuma dor em fisgada	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior dor em fisgada já sentida

10. Utilize a escala abaixo para nos dizer como sua dor se mostrou dormente na semana passada. Uma frase que pode ser usado para descrever a dor insensível, "como se estivesse dormindo."

Sem dormência	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de dormência imaginável

11. Utilize a escala abaixo para nos dizer quanto foi a sensação de choque provocada por sua dor durante a semana passada. As palavras utilizadas para descrever a dor em choques incluem "choques", "relâmpago", e "faíscas".

Sem choques	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de choques imaginável

12. Utilize a escala abaixo para nos dizer o quanto de formigamento foi sentido durante a semana passada.

Nenhum formigamento	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de formigamento imaginável.

13. Utilize a escala abaixo para quantificar a sensação de cólica produzida pela sua dor durante a semana passada. Palavras usadas para descrever a dor em cólica incluem "espremer" e "aperto"

Sem sensação de cólica	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de cólica imaginável

14. Utilize a escala abaixo para quantificar a irradiação de sua dor durante a semana passada. Palavras usadas para descrever a dor que irradia é "espalhar" "propagar".

Sem irradiação	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior irradiação da dor imaginável (se espalhou)

15. Utilize a escala abaixo para nos dizer o quão latejante foi a dor sentida durante a semana passada. Outra palavra usada para descrever a dor latejante é "batendo".

Nenhuma dor latejante	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de de dor latejante imaginável.

16 Utilize a escala abaixo para nos dizer o quão dolorida esteve sua dor durante a semana passada. Outra expressão usada para descrever a dor é "como uma dor de dente. "

Sem dolorimento	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	Maior sensação de dolorimento imaginável

17. Utilize a escala abaixo para nos dizer o quão em peso foi a dor sentida durante a semana passada. Outras palavras usadas para descrever a dor pesada são "pressão" e "ponderada para baixo "

Nenhuma dor em peso	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A maior sensação de dor em peso (bastante forte).

18. Agora que você nos contou os diferentes tipos de sensações da dor que você sentiu, queremos que nos diga de forma geral o quão desagradável a sua dor tem sido para você na semana passada. As palavras utilizadas para descrever a dor muito desagradável incluem "chata", "incômoda", "insuportável"e "intolerável". Lembre-se, a dor pode ser fraca, mas ainda assim pode ser extremamente desagradável, e outros tipos de dor podem ser fortes, porém ainda tolerável. Com esta escala, por favor nos diga o quão desagradável tem sido sua dor.

Não incomoda	...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10...	A sensação mais desagradável de dor imaginável (intolerável)

19. Nós queremos que você nos dê uma estimativa da gravidade de sua dor profunda e da sua dor superficial, durante a semana passada. Nós queremos que você avalie

cada local de dor separadamente. Sabemos que pode ser difícil fazer essas estimativas, mas por favor nos dê a sua melhor estimativa..

QUAL É A INTENSIDADE SUA DOR MAIS PROFUNDA?

Nenhuma dor profunda | ...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10... | A dor mais profunda imaginável.

QUÃO INTENSA É A SUA DOR NA SUPERFÍCIE DO SEU CORPO?

Nenhuma dor na superfície | ...0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10... | Grande dor na superfície do corpo.

20. A dor também pode ter mudanças, variações. Para algumas pessoas, a dor vai e vem, assim têm alguns momentos que estão completamente sem dor, em outros momentos com dor forte. Isso é chamado de dor intermitente. Outros nunca estão livres de dor, mas seus tipos de dor e intensidade podem variar de um momento para o outro. Isso é chamado de dor variável. Para essas pessoas, os aumentos podem ser intensos, pois eles têm momentos de dor muito intensa (ápice da dor), e outras vezes também podem sentir menores níveis de dor (mínimo de dor). Ainda assim, eles nunca estão livres da dor. Outras pessoas têm dores que realmente não mudam tanto de um momento para outro. Isso é chamado dor estável. Qual das opções abaixo descreve melhor o padrão temporal de sua dor? (selecione apenas um):

( ) Eu tenho dor intermitente (às vezes eu sinto dor, mas também não sinto dor em outros momentos).
( ) Tenho dores variáveis (minimo de dor todo tempo, porém com momentos de maior dor, ou até mesmo de dor súbita e grave ou tipos variados de intensidade da dor).
( ) Tenho dores estáveis (dor constante que não muda muito de um momento para outro, e sem intervalos livres de dor).

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