Filipino Version of Penn Facial Pain Scale: Phase 1 Validation Study

Genevieve Lynn Tan Yu, M.D.1, Raymond L. Rosales, M.D., Ph.D.1

ABSTRACT

Background and Objective of the Study Trigeminal neuralgia (TN) affects 4-5 people per 100,000 population. Because of its key feature - sudden intense facial pain, immediate and long-term treatment is warranted. The newly validated Penn Facial Pain Scale (PFPS) is of great value for assessment of how trigeminal pain and its treatment affect our patients’ lives. This study translated the PFPS to a Filipino version which can be used with ease in our setting.

Methodology Study Design Validity study

Methods Forward translation was carried out by an expert. The initial output was sent to 10 Neurologists for content and face validity. The experts rated each item’s relevance and through item level content validity index, items which scored >0.80 were accepted and those that scored lower were subjected to discussion by the investigators. The revised questionnaire was then administered to 8 TN patients for face validity. The final output was back translated and compared to the original PFPS.

Results Content and face validity as assessed by 10 neurologists showed that all questions were relevant. Some words were edited according to their suggestions. Eight TN patients voluntarily answered the edited version of the questionnaire for face validity and cognitive debriefing. No further changes were made to the edited questionnaire which was then back translated. The back translation was found to be similar to the original PFPS.

Conclusion The Filipino version is similar to the original PFPS and can be used in evaluation of TN. A Phase 2 reliability study should be ideally done prior to utilization in clinical setting.

Keywords trigeminal neuralgia, facial pain, pain scale, pain assessment

INTRODUCTION

Trigeminal neuralgia (TN) or tic douloureux is a chronic, paroxysmal, unilateral neuropathic pain of the fifth cranial nerve. It has been described in literature as early as first century AD by Arateus (1).

Its overall incidence of TN was reported to be at 4.3 – 4.7 per 100,000 persons per year for both genders and was noted to be more common in females with a ratio of 3:2 (age adjusted female 5.9 vs. male 3.4) (1,2). More recent studies done in Europe, however, have shown a significantly higher incidence of TN at 26-28.9 per 100,000 person years (3–5) but it is believed to be under-diagnosed and treated inadequately, despite the availability of drugs with proven efficacy. Our objective was to report the epidemiology and drug treatment of neuropathic pain as managed by UK primary care physicians. A descriptive analysis of the epidemiology of incident post-herpetic
neuralgia (n = 12,386. Mean age of onset is 52-58 years old in its idiopathic form and 30-35 years in those with secondary causes of TN such as demyelinating disease, neoplasms or trauma. TN incidence increases with age in both genders.

TN is mainly a clinical diagnosis where the key feature is the paroxysmal excruciating pain felt within the trigeminal nerve distribution over the maxillary (35%), mandibular branches (30%), both maxillary and mandibular (20%), ophthalmic and maxillary (10%), ophthalmic (4%) and all branches of the trigeminal nerve (1%) (6). Most patients would describe the pain as sharp, superficial, burning, stabbing or electric-like in quality usually of high intensity. These attacks may last for a few seconds to a maximum of 2 minutes with spontaneous remissions but would recur repeatedly. TN can be precipitated by sensory stimulation of trigger zones usually over the nasolabial or intraoral area (7) but may be located within any region of dermatome of the trigeminal nerve. Stimuli can be as simple as light touch, flow of air, talking, drinking or eating. (8,9)

Pain, in general, is associated with a negative impact on patients’ quality of life especially when uncontrolled. Patients have reported changes in physical, psychological and social well-being (10,11) severity, treatment and impact of chronic pain in 15 European countries and Israel. Screening interviews identified respondents aged ≥18 years with chronic pain for in-depth interviews. 19% of 46,394 respondents willing to participate (refusal rate 46%. Between neuropathic and somatic pain, neuropathic pain has been found to have higher degree of impairment in patients’ quality of life, mood (anxiety and depression) and sleep (12–14) its general characteristics and consequences for the quality of life (QOL. Because of this, it is prudent to assess patients’ pain and the degree of impairment in TN.

This is a validation study where the Penn Facial Pain Scale (PFPS) was translated to our native Filipino language. The authors believe that adequate pain assessment not only includes pain severity but also the influences it dictates over a person’s life and activities of daily living. It is only with understanding and knowledge that we will be able to treat our patients adequately.

METHODOLOGY

1. Preparation. The author of the PFPS (Appendix 1), Dr. JY Lee was contacted through email to ask for his permission to translate this scale into the Filipino language. His reply and consent can be seen on Appendix 2.

2. Forward Translation. One (1) native speaker and expert in the Filipino language, with experience in translation and cultural adaptation measures, forward translated the scale. The translator was assisted by the investigators for concepts or terms that were not familiar. Appendix 3 contains the forward translated questionnaire.

3. Content and face validity with experts. 10 experts in the field of Neurology were recruited to review the translated questionnaire. Prior to instituting the questionnaire, informed consent was taken.

Each item was rated by the experts as to its relevance (1-not relevant, 2- somewhat relevant, 3-quite relevant, 4-highly relevant). Their comments and suggestions were recorded.

4. Analysis was done using item level content validity index i-CVI - the proportion of experts who agreed that the item is either quite or highly relevant; items with i-CVI higher than 0.80 were accepted, while those lower were subjected to discussion by investigators on whether to include the item or not.

5. The forward translated questionnaire was edited according to the suggestions of the experts (Appendix 4). This revised questionnaire was the one used for evaluation of face validity in patients with trigeminal neuralgia.

6. Face Validity and Cognitive Debriefing

Eight patients with TN were recruited using the following inclusion criteria: patients aged 18 years or older, able to speak and to understand the Filipino language suffering from Trigeminal Neuralgia diagnosed by a neurologist. Exclusion criteria were as follows: psychogenic pains, pain associated with mood disorders, patients with substance use, poor cognitive function and those unable to read or write. No one among the TN patients recruited withdrew from the study.

This study was conducted in the University of Santo Tomas Hospital, Clinical Division, Out-patient Department of Neurology and Psychiatry and in the clinics of participating consultants. The study protocol was approved by the hospital Institutional Review Board. Prior to instituting the scales, an informed consent was taken from the participants and their corresponding attending physicians.

All participants were asked to answer the Filipino version of the PFPS. All patients’ general data (age, sex, height, weight, occupation, level of education, duration of symptoms) were taken. Each of the 8 patients answered the edited
Filipino questionnaire and was asked the following questions:

i. Do you have difficulty answering each question?
ii. If yes, how will you restate them?
iii. Are the responses difficult to understand?
iv. If yes, how will you restate them?
v. Are the questions relevant to your condition?
vi. Are the questions offensive / upsetting to you as a patient?

vii. If yes, how will you restate them?
viii. Problematic items and/or reports were recorded. Suggestions or alternative wording and phrasing were documented.

7. Back Translation. The final Filipino version of the PFPS questionnaire was back translated by another independent native speaker of the Filipino language. The back translated version can be seen on Appendix 5.

8. Comparison of the final and back translated PFPS questionnaires. The back translated questionnaire was compared to the original version of the questionnaire by the investigators.

RESULTS

Ten experts in the field of Neurology from the University of Santo Tomas Hospital were recruited to assess the content and face validity of the translated PFPS. Each respondent was tasked to rate each of the items as 1 - not relevant, 2 - somewhat relevant 3 - quite relevant and 4 - highly relevant. Based on the item level content validity index score (i-CVI), all of the items scored equal or greater than 0.8 and were accepted and maintained in the questionnaire. See table 2 below.

Face validity was also initially evaluated by the experts and their comments and suggestions were recorded (Table 3). For item number 2, there was some confusion regarding the meaning of the statement “Lagay ng damdamin”. The authors opted to rephrase it to “kalagayan ng damdamin” which was clearer. For item number 3, one expert suggested to use “paglalakad” instead of “paglakad” which we adapted. For item number 5, there was a suggestion to change “pakikisama sa ibang tao” to “pakikitungo sa ibang tao” however, the authors deemed that “pakikisama” was a much simpler word which can be understood by patients hence it was retained. For item number 14, we likewise retained the word “pagkonsumo” since “paglunok” would mean swallowing and facial pain would point more to difficulty in opening mouth and pain when food touches the inner portion of the cheeks. The revised Filipino translated PFPS questionnaire can be seen in Appendix 4.

Eight patients with TN were recruited to appraise the face validity of the revised Filipino questionnaire. Cognitive debriefing was done and they were interviewed regarding their understanding of the items, its relevance, on whether they had any suggestions regarding improvement, aptness of response choices, clarity of instructions and whether the statements were offensive or upsetting. Almost all of the TN participants commented that all the items, instructions and response choices were well understood and that there were no changes necessary. Only one TN participant commented that the response choices were hard to understand or “mahirap lang intindihin”. However, she did not have any other suggestions on how to better state the choices (Table 2). We opted to retain the 0-10 (11-item) scale as this was the most commonly used rating system for pain.
Table 2. Test on the content validity of the forward translated Penn Facial Pain Scale questionnaire among ten experts rating

<table>
<thead>
<tr>
<th>Item Rating</th>
<th>Not Relevant</th>
<th>Somewhat Relevant</th>
<th>Quite Relevant</th>
<th>Highly Relevant</th>
<th>I-CVI</th>
<th>Decision</th>
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<tbody>
<tr>
<td>Frequency (%)</td>
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</table>

Circle the ONE number that describes how, during the past week, pain has interfered with your:

Q1 General activity  
_Pangkalahatang mga Gawain_  
0 1 (10) 2 (20) 7 (70) 0.9 Accepted

Q2 Mood  
_Lagayvan ng damdamin/kalooban_  
0 2 (20) 3 (30) 5 (50) 0.8 Accepted

Q3 Walking ability  
_Paglakad_  
1 (10) 1 (10) 4 (40) 4 (40) 0.8 Accepted

Q4 Normal work (includes both work outside the home and housework)  
_Regular na Trabaho (kasama ang trabaho sa labas ng tahanan at mga gawain bahay)_  
0 0 0 4 (100) 1.00 Accepted

Q5 Relations with other people  
_Pakikisama sa ibang tao_  
0 1 (10) 4 (40) 5 (50) 0.9 Accepted

Q6 Sleep  
_Pagtulog_  
0 0 1 (10) 9 (90) 1.00 Accepted

Q7 Enjoyment of life  
_Pamumuhay/Pagsasaya sa Buhay_  
0 0 0 4 (100) 1.00 Accepted

Q8 Eating a meal  
_Pagkonsumo ng pagkain_  
0 0 0 4 (100) 1.00 Accepted

Q9 Touching your face (including grooming)  
_Paghaplos ng mukha (kabilang na ang pag-alaga sa katawan)_  
0 1 (10) 4 (40) 5 (50) 0.9 Accepted

Q10 Brushing or flossing your teeth  
_Pagsipilyo ng ngipin_  
0 0 2 (20) 8 (80) 1.00 Accepted

Q11 Smiling or laughing  
_Pagngiti at Pagtawa_  
0 0 1 (10) 9 (90) 1.00 Accepted

Q12 Talking  
_Pagsasalita_  
0 0 0 4 (100) 1.00 Accepted

Q13 Opening your mouth widely  
_Pagbuka ng bibig malaki_  
0 0 3 (30) 7 (70) 1.00 Accepted

Q14 Eating hard foods like apples  
_Pagkonsumo ng matitigas na pagkain tulad ng mansanas_  
0 0 2 (20) 8 (80) 1.00 Accepted

Q15 Circle the ONE number that describes your pain at its WORST in the last week.  
_Bilugan ang bilang na naglalarawan ng PINAKAMALUBHANG antas ng pananakit na naranasan mo sa nakaraang linggo._  
0 1 (10) 1 (10) 8 (80) 0.9 Accepted

Q16 Circle the ONE number that describes your pain at its LEAST in the last week.  
_Bilugan ang bilang na naglalarawan ng PINAKABAHAYANG antas ng pananakit na naranasan mo sa nakaraang linggo._  
0 0 0 4 (100) 1.00 Accepted

Q17 Circle the ONE number that describes your pain at its AVERAGE in the last week.  
_Bilugan ang bilang na naglalarawan ng KATAMTAMANG antas ng pananakit na iyong naranasan sa nakaraang linggo._  
0 0 0 4 (100) 1.00 Accepted
Table 2. Continued...

<table>
<thead>
<tr>
<th>Item Relevance Rating</th>
<th>Not Relevant</th>
<th>Somewhat Relevant</th>
<th>Quite Relevant</th>
<th>Highly Relevant</th>
<th>I-CVI</th>
<th>Decision</th>
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<tr>
<td>Frequency (%)</td>
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<tr>
<td>Q18 Circle the ONE number that describes your pain RIGHT NOW.</td>
<td>0 0 0 4 (100)</td>
<td>1.00</td>
<td>Accepted</td>
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<tr>
<td>Bilugan ang bilang na naglalarawan ng iyong pananakit SA KASALUKUYAN.</td>
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<tr>
<td>Overall</td>
<td>0 0 0 4 (100)</td>
<td>1.00</td>
<td>Accepted</td>
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</tr>
</tbody>
</table>

Table 3. Test on the face validity of the forward translated Penn Facial Pain Scale questionnaire

<table>
<thead>
<tr>
<th>Major comments among ten experts</th>
<th>Major comments by eight patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle the ONE number that describes how, during the past week, pain has interfered with your:</td>
<td></td>
</tr>
<tr>
<td>Q1 General activity</td>
<td>No modification required</td>
</tr>
<tr>
<td>Pangkalahatang mga Gawain</td>
<td></td>
</tr>
<tr>
<td>Q2 Mood Kalagayan ng damdamin/kalooban</td>
<td>One expert commented “what does this mean?”</td>
</tr>
<tr>
<td>Q3 Walking ability Paglalakad</td>
<td>One expert suggested to use “paglalakad”</td>
</tr>
<tr>
<td>Q4 Normal work (includes both work outside the home and housework)</td>
<td>No modification required</td>
</tr>
<tr>
<td>Regular na Trabaho (kasama ang trabaho sa labas ng tahanan at mga gawaing bahay)</td>
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</tr>
<tr>
<td>Q5 Relations with other people</td>
<td>One expert suggested to rephrase the question to “Pakititungo sa ibang tao?”</td>
</tr>
<tr>
<td>Pakikisama sa ibang tao</td>
<td></td>
</tr>
<tr>
<td>Q6 Sleep Pagtulog</td>
<td>No modification required</td>
</tr>
<tr>
<td>Q7 Enjoyment of life</td>
<td>No modification required</td>
</tr>
<tr>
<td>Panumuhay/Pagsasaya sa Buhay</td>
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<tr>
<td>Q8 Eating a meal</td>
<td>No modification required</td>
</tr>
<tr>
<td>Pagkonsumo ng pagkain</td>
<td></td>
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<tr>
<td>Q9 Touching your face (including grooming)</td>
<td>No modification required</td>
</tr>
<tr>
<td>Paghaplos ng mukha (kabilang na ang pag-alaga sa katawan)</td>
<td></td>
</tr>
<tr>
<td>Q10 Brushing or flossing your teeth Pagsipilyo ng ngipin</td>
<td>No modification required</td>
</tr>
<tr>
<td>Q11 Smiling or laughing Pagngiti at Pagtawa</td>
<td>No modification required</td>
</tr>
<tr>
<td>Q12 Talking Pagasalita</td>
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<td>Q13 Opening your mouth widely</td>
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<tr>
<td>Pagbuka ng bibig nang malaki</td>
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<tr>
<td>Q14 Eating hard foods like apples</td>
<td>One expert suggested to rephrase the question to “Paglunok?”</td>
</tr>
<tr>
<td>Pagkonsumo ng matitigas na pagkain tulad ng mansanas</td>
<td></td>
</tr>
<tr>
<td>Q15 Circle the ONE number that describes your pain at its WORST in the last week.</td>
<td>No modification required</td>
</tr>
<tr>
<td>Bilugan ang bilang na naglalarawan ng PINAKAMALUBHANG antas ng pananakit na naranasan mo sa nakaraang linggo.</td>
<td></td>
</tr>
</tbody>
</table>
The final version of the Filipino translated PFPS questionnaire (Appendix 4) was back translated (Appendix 5) and compared to the original English version. The original PFPS and back translated English versions were therefore found similar.

DISCUSSION

Classical TN is caused by compression of the trigeminal nerve at the root entry zone usually by an aberrant vessel in 80-90% of cases (15,16). The looping and elongation of the intracranial blood vessels that occurs in natural aging increases the chances of vessel contact with the nerve root. Pulsations cause indentations and damages leading to a circumscribed area of demyelination and remyelination (7,15). Electron microscopy of samples taken during microvascular decompressive surgery has shown dysmyelination, juxtaposition of denuded axons, axonal loss and degeneration as well as collagen deposition (17).

A number of other compressive lesions can cause secondary TN such as solid tumours, cysts, saccular aneurysms (18) and arteriovenous malformations. In some cases, primary demyelination (eg. Multiple sclerosis [MS], 1-5%) or changes in neural function by an MS plaque can be the source of the neuralgia (8,15,16).

An infiltrative lesion of the trigeminal nerve, nerve root and gasserian ganglion as well as infarctions over the pons and medulla have also been implicated as sources of TN(15).

The pain ascribed to TN has been attributed to the hyperactivity or abnormal discharges from the Gasserian ganglion. Demyelinated areas of the axons release ectopic signals stimulating the already active fibers and transiently increasing activity in previously electrically silent ones (8). Ephaptic cross-talk between fibers mediating light touch and those involved in pain may account for the precipitation of neuralgia by tactile stimulation of facial trigger zones (so called, Allodynia) (8,15).

TN is mainly a clinical diagnosis and no specific tests are currently used for its diagnosis. A detailed history taking and clinical examination of the patient will clinch the diagnosis and hence, should always be performed (8).

Since pain is the main symptom in TN, generally, the most commonly used scale is the visual analogue scale (VAS). It is an instrument with a 10 cm horizontal line and 2 descriptors at each end representing pain intensity (eg. No pain and worst pain). It is used to estimate pain intensity and can be used to check for efficacy of pain alleviation. Patients then are asked to rate their pain intensity by making a mark on the line representing their pain intensity. The VAS is scored by measuring the distance between the “no pain” end and the patient’s mark. The 11-point numerical scale likewise assesses pain intensity where the patient is asked to grade pain from a scale of 0 (no pain) to 10 (severe pain). Categorical ratings (mild, moderate, severe) of pain intensity may also be used.

Another frequently used measurement tool is the McGill Pain Questionnaire (MPQ) which asks the patient to indicate the sensory, affective, evaluative and miscellaneous aspects of pain. This scale contains 78 descriptors of the pain where the rank value...
of the descriptor is based on its position in the word set.

In terms of assessing medication effect, the Barrow Neurological Institute Pain Intensity Score rates the pain from I to V by evaluating pain severity along with need and adequacy of medications (19). The other domains of pain and its effect on quality of life can be assessed using different outcome measurements (i.e. use of Beck Depression Inventory for emotional function; Multidimensional Pain Inventory Interference Scale for physical functions; global assessment in change for improvement post treatment among others).

For this study, the PFPS, which is more specific for facial pains, was selected and translated into the Filipino language.

The original Brief Pain Inventory is a simple, self-administered validated scale which has been used for years and has been translated to multiple languages. It was originally developed by Cleeland in 1984 for pain mainly of oncologic in etiology. It was found to be more advantageous compared to the VAS because it can assess pain intensity and degree of interference with lifestyle and functionality (20).

The Penn Facial Pain Scale (Appendix 1), previously Brief Pain Inventory –Facial, is a validated multidimensional tool that contains 18 questions measuring the 3 domains of pain namely: intensity, interference with general activities and face specific pain interference. It was developed and tested by JY Lee et al last 2010 and was published in the Journal of Neurosurgery (21–23) including 114 patients (73%).

General Interference with activities of daily living is measured for 7 different activities namely general activities, mood, walking, normal work, relationship with other people, sleep and ability to enjoy life. It is measured using the Likert scale from 0 (“does not interfere”) to 10 (“completely interferes”).

Interference with activities related to the face is also measured using 7 different conditions namely eating, grooming, brushing or flossing teeth, smiling and laughing, talking, opening the mouth and eating hard foods.

Pain intensity is measured in 4 items as pain at its worst, least, average and at present. A Likert number rating scale ranging from 0 (“no pain”) to 10 (“pain as bad as you can imagine”) is also used.

Ease of administration and comparison between assessments, as well as inclusion of face specific activities were essential considerations in the decision for choosing PFPS as a tool for assessing pain of TN hence the impetus to translate the scale into our native language.

CONCLUSION AND LIMITATIONS OF THE STUDY

The final translated Filipino version is similar to the original PFPS and can be used in the evaluation of pain in TN. However, a Phase 2 study regarding reliability should be done ideally prior to utilizing it in clinical setting.
Acknowledgement
The authors would like to thank Dr. JY Lee, the developer for Penn Facial Pain scale for giving us the opportunity to translate this evaluation tool. We would also like to acknowledge Dr. Venus Rosales and her team of statisticians for helping us from day 1 of protocol writing until the completion of the article and to the expert respondents for sharing their time and knowledge. Our deepest and most sincere gratitude to our patients, you are the heart and essence of our being as doctors and researchers.

Conflict of Interest
The authors did not receive any monetary incentives for this study and it is not funded or supported by any pharmaceutical company. The principal investigators have nothing else to disclose.

REFERENCES

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**APPENDIX**

1. The Penn Facial Pain Scale

   Circle the ONE number that describes how, during the past week, pain has interfered with your

   1. General activity
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |

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

   3. Walking ability
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |

   4. Normal work (includes both work outside the home and housework)
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |

   5. Relations with other people
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |

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

   7. Enjoyment of life
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |

   8. Eating a meal
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |

   9. Touching your face (including grooming)
      
      | Number | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      |--------|---|---|---|---|---|---|---|---|---|---|----|
      | Does not Interfere | Completely Interfere |
10. Brushing or flossing your teeth

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11. Smiling or laughing

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12. Talking

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13. Opening your mouth widely

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<td>Completely interfere</td>
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<td>Interfere</td>
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14. Eating hard foods like apples

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Circle the ONE number that describes your pain at its WORST in the last week.

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</thead>
<tbody>
<tr>
<td>No pain</td>
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<td>4</td>
<td>5</td>
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<td>7</td>
<td>8</td>
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<td>10</td>
<td>Pain as bad As you can Imagine</td>
</tr>
</tbody>
</table>

Circle the ONE number that describes your pain at its LEAST in the last week.

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<td>No pain</td>
<td>2</td>
<td>3</td>
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<td>Pain as bad As you can Imagine</td>
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Circle the ONE number that describes your pain at its AVERAGE in the last week.

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<tbody>
<tr>
<td>No pain</td>
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<td>10</td>
<td>Pain as bad As you can Imagine</td>
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</table>

Circle the ONE number that describes your pain RIGHT NOW.

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<tbody>
<tr>
<td>No pain</td>
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<td>10</td>
<td>Pain as bad As you can Imagine</td>
</tr>
</tbody>
</table>
2. Consent from the author to adapt and translate the Penn Facial Pain Scale

Lee, John (Neurosurgery)  <John.Lee3@uphs.upenn.edu>  
To: Genevieve Tan

Please feel free to go ahead.

Because Charles Cleland from MD Anderson has copyrighted the BPI, we cannot use the original name BPI-Facial.

Instead, we have changed the name to Penn Facial Pain Scale.


Please use this name instead of BPI-Facial for your translation.

John Y.K. Lee, MD, MSCE
Associate Professor, University of Pennsylvania
Department of Neurosurgery, Otolaryngology

02 July 2016

Dear Dr. John Lee,

Good day!

I am Genevieve Tan, a neurology resident from University of Santo Tomas Hospital, Manila, Philippines. We, along with my consultant co-investigator, Dr. Raymond L. Rosales, are writing you to ask for your consent and permission if we could translate the Brief Pain Inventory - Facial to the Filipino Language (tagalog). It will be our privilege to be able to utilize this scale in our clinics.

Hoping for your kind response.

Yours truly,

Genevieve Lynn C. Tan, MD
Resident, Department of Neurology and Psychiatry
University of Santo Tomas Hospital
Manila, Philippines

3. Initial forward translated Filipino questionnaire

**PENN FACIAL PAIN SCALE (PFPS) – FILIPINO VERSION**

Bilugan ang bilang na lubos na naglalarawan kung paano, sa nagdaang linggo, naapektuhan ng sakit/pananakit ang iyong:

1. Pangkalahatang mga Gawain

0 1 2 3 4 5 6 7 8 9 10
Hindi
nakakaapekto

Lubos na
nakakaapekto
2. Lagay ng damdamin/kalooban
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

3. Paglakad
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

4. Regular na Trabaho (kasama ang trabaho sa labas ng tahanan at mga gawaing bahay)
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

5. Pakikisama sa ibang tao
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

6. Pagtulog
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

7. Pamumuhay/Pagsasaya sa Buhay
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

8. Pagkonsumo ng pagkain
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

9. Paghaplos ng mukha (kabilang na ang pag-alaga sa katawan)
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

10. Pagsipilyo ng ngipin
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

11. Pagngiti at Pagtawa
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto

12. Pagsasalita
0 1 2 3 4 5 6 7 8 9 10
Hindi: nakakaapekto
Lubos na nakakaapekto
13. Pagbuka ng bibig nang malaki

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14. Pagkonsumo ng matitigas na pagkain tulad ng mansanas

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Bilugan ang bilang na naglalarawan ng PINAKAMALUBHANG antas ng pananakit na naranasan mo sa nakaraang linggo.

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<td>Pananakit na hindi mo lubos maisip</td>
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</tbody>
</table>

Bilugan ang bilang na naglalarawan ng PINAKABAHAGYANG antas ng pananakit na naranasan mo sa nakaraang linggo.

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<td>Pananakit na hindi mo lubos maisip</td>
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Bilugan ang bilang na naglalarawan ng KATAMTAMANG antas ng pananakit na iyong naranasan sa nakaraang linggo.

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<td>Pananakit na hindi mo lubos maisip</td>
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Bilugan ang bilang na naglalarawan ng iyong pananakit SA KASALUKUYAN.

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<td>Pananakit na hindi mo lubos maisip</td>
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4. Revised and Final Filipino version of the Penn Facial Pain Scale

**PENN FACIAL PAIN SCALE (PFPS) – FINAL FILIPINO VERSION**

Bilugan ang bilang na lubos na naglalarawan kung paano, sa nagdaang linggo, naapektuhan ng sakit/pananakit ang iyong:

1. Pangkalahatang mga Gawain

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2. Kalagayan ng damdamin/kalooban

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3. Paglalakad

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</table>
4. Regular na Trabaho (kasama ang trabaho sa labas ng tahanan at mga gawaing bahay)
   0  1  2  3  4  5  6  7  8  9  10
   Hindi          Lubos na
   nakakaapekto nakakaapekto

5. Pakikisama sa ibang tao
   0  1  2  3  4  5  6  7  8  9  10
   Hindi          Lubos na
   nakakaapekto nakakaapekto

6. Pagtulog
   0  1  2  3  4  5  6  7  8  9  10
   Hindi          Lubos na
   nakakaapekto nakakaapekto

7. Pamumuhay/Pagsasaya sa Buhay
   0  1  2  3  4  5  6  7  8  9  10
   Hindi          Lubos na
   nakakaapekto nakakaapekto

8. Pagkonsumo ng pagkain
   0  1  2  3  4  5  6  7  8  9  10
   Hindi          Lubos na
   nakakaapekto nakakaapekto

9. Paghapios ng mukha (kabilang na ang pag-alaga sa katawan)
   0  1  2  3  4  5  6  7  8  9  10
   Hindi          Lubos na
   nakakaapekto nakakaapekto

10. Pagsipilyo ng ngipin
    0  1  2  3  4  5  6  7  8  9  10
    Hindi          Lubos na
    nakakaapekto nakakaapekto

11. Pagngiti at Pagtawa
    0  1  2  3  4  5  6  7  8  9  10
    Hindi          Lubos na
    nakakaapekto nakakaapekto

12. Pagsasalita
    0  1  2  3  4  5  6  7  8  9  10
    Hindi          Lubos na
    nakakaapekto nakakaapekto

13. Pagbuka ng bibig nang malaki
    0  1  2  3  4  5  6  7  8  9  10
    Hindi          Lubos na
    nakakaapekto nakakaapekto

14. Pagkonsumo ng matitigas na pagkain tulad ng mansanas
    0  1  2  3  4  5  6  7  8  9  10
    Hindi          Lubos na
    nakakaapekto nakakaapekto
Bilugan ang bilang na naglalarawan ng PINAKAMALUBHANG antas ng pananakit na naranasan mo sa nakaraang linggo.

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<tr>
<td>Walang</td>
<td>Pananakit</td>
<td>Pananakit na hindi mo lubos maisip</td>
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Bilugan ang bilang na naglalarawan ng PINAKABAHAGYANG antas ng pananakit na naranasan mo sa nakaraang linggo.

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<td>Walang</td>
<td>Pananakit</td>
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Bilugan ang bilang na naglalarawan ng KATAMTAMANG antas ng pananakit na iyong naranasan sa nakaraang linggo.

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Bilugan ang bilang na naglalarawan ng iyong pananakit SA KASALUKUYAN.

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5. Back Translated questionnaire

**PENN FACIAL PAIN SCALE (PFPS)**

Encircle the number that fully illustrates how the pain you feel, in the past week, has affected your:

1. General Daily Chores

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<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not affected at all</td>
<td>Extremely affected</td>
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2. Emotional Condition

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<td>Not affected at all</td>
<td>Extremely affected</td>
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3. Walking

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4. Regular Job (Including jobs done outside the home and household chores)

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5. Relationship with others

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</tbody>
</table>
6. Sleep
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

7. Daily Life / Enjoying Life
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

8. Food Consumption
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

9. Touching one’s face (including regular body care)
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

10. Brushing one’s teeth
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

11. Smile and Laughter
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

12. Talking
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

13. Widely opening one’s mouth
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

14. Consumption of hard foods (e.g. Apples)
0 1 2 3 4 5 6 7 8 9 10
Not affected at all
Extremely affected

Encircle the number that illustrates the WORST level of pain experienced in the past week:
0 1 2 3 4 5 6 7 8 9 10
No Pain

Encircle the number that illustrates the SLIGHTEST level of pain experienced in the past week:
0 1 2 3 4 5 6 7 8 9 10
No Pain
TALAAN NG IMPORMASYON PARA SA PASYENTE (Filipino Version)

1. IMPORMASYON UKOL SA PAG-AARAL

Pangalan ng Pag-aaral: Filipino Version of Penn Facial Pain Scale: Phase 1 Validation Study
Pangunahing Tagapagsuri at Numero:
  Genevieve Lynn C. Tan, MD
  Resident-in-training, Department of Neurology & Psychiatry
  University of Santo Tomas Hospital
  Mobile Number: 09228826436 or landline number: (632) 731-3001

2. LAYUNIN NG PAG-AARAL

Ang trigeminal neuralgia ay isang sakit kung saan ang pasyente ay nakakaranas ng pagbugso-bugsong malalang pagsakit sa isang bahagi ng mukha na nangangailangan ng agarang gamutan. Apat hanggang limang tao sa isang daang libong populasyon ang naaapektuhan nito. Ang Penn Facial Pain Scale ay isang bagong iskala ng epekto ng trigeminal neuralgia sa buhay ng isang pasyente. Ang layunin ng pag-aaral na ito ay isalin ito sa wikang Filipino para magamit natin sa ating mga pasyente.

Kayo po ay inaanyayahan naming makilahok sa aming pagaaral. Ito po ay makakatulong hindi lamang sa ating mga doctor kundi pati sa mga pasyente lalo na sa pagsusuri ng epekto ng gamut.

3. Criteria sa pagsama sa pag-aaral, proseso at criteria sa pag-alis

Ang mga pasyenteng edad 18 pataas, nakakapagsalita at nakakaintindi ng Filipino at may trigeminal neuralgia ay inaanyayahan na sumali sa ating pag-aaral. 10 pasyente ang kinakailangan sa unang bahagi na tinatawag na "pilot study at cognitive debriefing" ng pag-aaral at 58 naman sa huling bahagi. Humigit kumulang 30 minuto ang epektong masasagat sa huling bahagi. Para sa mga pasyente sa huling bahagi, ang layunin ay "cognitive debriefing, may dagdag na 30 minutong panayam. Ito ay maaring gawin habang naghihintay sa kanilang doktor o agad agad matapos ang konsultasyon.

Walang karagdagang gastos ang madadamagdag sa ating mga pasyente dahil ang pansagot sa mga palatanunan ay ibibigay mula makalipas ng 10-14 oras na siya ring karaniwang iskedulang habang ang pagpapatingin sa doktor. Lahat ng pasyente ay titingnan ng kanilang doktor sa kanilang klinika (para sa mga sasali sa pag-aaral) o sa OPD naman.

Ang inyong records ay pag-aaralan at susuriin. Kayo po ay binigyan ng dapat na oras upang pag-isipan kung papayag kayo sa aming pag-aaral. Maaari kayong magtanong sa amin at
malugod naming sasagutin ito. Kung sapat ang impormasyong aming nabigay at kusang-loob na pumapayag na lumahok, lagdaan lamang ito at tayo ay maaari nang magsimula.


4. MGA POSIBLENG PANGANIB SA PAGLALAHOK


5. PAGPAPANATILING LIHIM NG PAGKAKAKILANLAN AT TALAANG MEDIKAL

Pananatiling lihim ang lahat ng makukuhang impormasyong may kinalaman sa iyo sa pag-aaral na ito. Itataya ito ng walang pagkakakilanlan at hindi malalaman niyong anyo ang impormasyon hanggang sa iyong katauhan. Dahil dito, bibigyan ka bilang aktibong numero para sa pag-aaral na ito at susuriin nang lihim ang lahat ng makukuhang impormasyon sa ilalim ng pamantayang makaagham ng etika. Tanging ang mga tagapagsuri lamang ang maaaring makanalaman sa iyong panseron impormasyon at sa mga sagot sa iyong palanan. Gayunpaman, ang IRB at mga kinauukulan sa pananaliksik ay maaaring makanalaman sa iyong talaang medikal na ito at susuriin sa ilalim ng pamantayang makaagham na etika. Sa kaganapan ng anumang pansalahala ng pag-aaral na ito, ang iyong pagkakakilanlan ay mananatiling lihim.

6. SINOONG MAAARING PUNTAHAN UKOL SA MGA KATANUNANG

Kung mayroon kayong pag-aalinlangan o iba pang tanawing tungkol sa pag-aaral, maaari po kayong susuriin sa UST Hospital – Institutional Review Board Dr. Wilson Tan De Guzman sa numerong 731-3001 local 2610. Ang kanilang opisina ay nasa ika-6 sa Clinical Division Building, UST Hospital.
KATIBAYAN NG PAGPAYAG NG PASYENTE

__________________   _____________________________        _____________
Pangalan ng Pasyente/ Lagda                                         Petsa
Legal na Kinatawan

Saksi
Pinapatunayan ko na naipaliwanag ng mabuti at naintindihan ng pasyente ang proseso, benepisyo at panganib ng pagsusuring ito.

_____________________    ______________________________     _______________
Pangalan ng Saksi  Lagda                                            Petsa
Tagapagsuri

Pinapatunayan ko na naipaliwanag ko at naintindihan ng pasyente ang proseso, benepisyo at panganib na maaaring idulot ng pagsusuring ito.

_____________________          __________________________      ________________
Pangalan ng tagapagsuri /       Lagda                                          Petsa
Pangalan ng Kumukuha ng Pagpayag ng Pasyente