

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

✉ Dr. Genevieve Lynn Tan Yu
genlynntan@yahoo.com

¹ Resident, Department of Neurology and Psychiatry,
University of Santo Tomas Hospital

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 22-65 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.

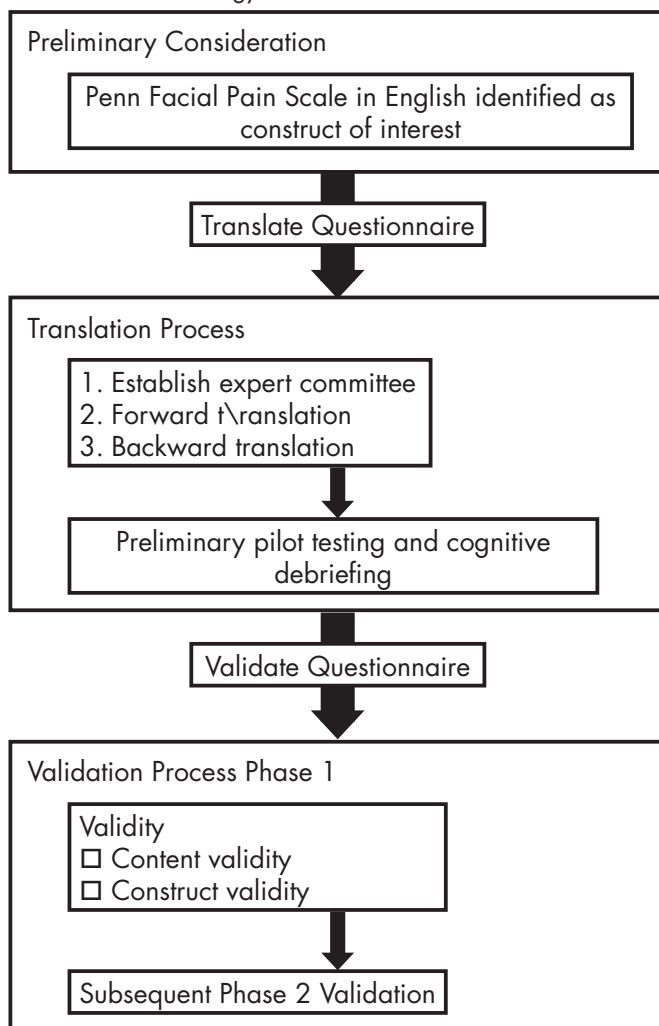
This study was conducted in the University of Santo Tomas Hospital, Clinical Division, Out-patient Department of Neurology and Psychiatry and in the clinics of participating consultants. The study protocol was approved by the hospital Institutional Review Board. Prior to instituting the scales, an informed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

Table 1. Methodology



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

	Item Relevance Rating				I-CVI	Decision
	Not Relevant	Somewhat Relevant	Quite Relevant	Highly Relevant		
	Frequency (%)					
Circle the ONE number that describes how, during the past week, pain has interfered with your:						
Q1 General activity <i>Pangkalahatang mga Gawain</i>	0	1 (10)	2 (20)	7 (70)	0.9	Accepted
Q2 Mood <i>Lagayvan ng damdamin/kalooban</i>	0	2 (20)	3 (30)	5 (50)	0.8	Accepted
Q3 Walking ability <i>Paglakad</i>	1 (10)	1 (10)	4 (40)	4 (40)	0.8	Accepted
Q4 Normal work (includes both work outside the home and housework) <i>Regular na Trabaho (kasama ang trabaho sa labas ng tahanan at mga gawaing bahay)</i>	0	0	0	4 (100)	1.00	Accepted
Q5 Relations with other people <i>Pakikisama sa ibang tao</i>	0	1 (10)	4 (40)	5 (50)	0.9	Accepted
Q6 Sleep <i>Pagtulog</i>	0	0	1 (10)	9 (90)	1.00	Accepted
Q7 Enjoyment of life <i>Pamumuhay/Pagsasaya sa Buhay</i>	0	0	0	4 (100)	1.00	Accepted
Q8 Eating a meal <i>Pagkonsumo ng pagkain</i>	0	0	1 (10)	9 (90)	1.00	Accepted
Q9 Touching your face (including grooming) <i>Paghaplos ng mukha (kabilang na ang pag-alaga sa katawan)</i>	0	1 (10)	0	9 (90)	0.9	Accepted
Q10 Brushing or flossing your teeth <i>Pagsipilyo ng ngipin</i>	0	0	2 (20)	8 (80)	1.00	Accepted
Q11 Smiling or laughing <i>Pagngiti at Pagtawa</i>	0	0	1 (10)	9 (90)	1.00	Accepted
Q12 Talking <i>Pagsasalita</i>	0	0	0	4 (100)	1.00	Accepted
Q13 Opening your mouth widely <i>Pagbuka ng bibig nang malaki</i>	0	0	3 (30)	7 (70)	1.00	Accepted
Q14 Eating hard foods like apples <i>Pagkonsumo ng matitigas na pagkain tulad ng mansanas</i>	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. <i>Bilugan ang bilang na naglalarawan ng PINAKAMALUBHANG antas ng pananakit na naranasan mo sa nakaraang linggo.</i>	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. <i>Bilugan ang bilang na naglalarawan ng PINAKABAHAGYANG antas ng pananakit na naranasan mo sa nakaraang linggo.</i>	0	0	0	4 (100)	1.00	Accepted
Q17 Circle the ONE number that describes your pain at its AVERAGE in the last week. <i>Bilugan ang bilang na naglalarawan ng KATAMTAMANG antas ng pananakit na iyong naranasan sa nakaraang linggo.</i>	0	0	0	4 (100)	1.00	Accepted

Table 2. Continued...

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

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

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

Table 3. Continued...

	Major comments among ten experts	Major comments by eight patients
Q16 Circle the ONE number that describes your pain at its LEAST in the last week. <i>Bilugan ang bilang na naglalarawan ng PINAKA-BAHAGYANG antas ng pananakit na naranasan mo sa nakaraang linggo.</i>	No modification required	No modification required
Q17 Circle the ONE number that describes your pain at its AVERAGE in the last week. <i>Bilugan ang bilang na naglalarawan ng KATAMTAMANG antas ng pananakit na iyong naranasan sa nakaraang linggo.</i>	No modification required	No modification required
Q18 Circle the ONE number that describes your pain RIGHT NOW. <i>Bilugan ang bilang na naglalarawan ng iyong pananakit SA KASALUKUYAN.</i>	No modification required	No modification required

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 Jour-

nal 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

- Katusic S, Beard CM, Bergstralh E, Kurland LT. Incidence and clinical features of trigeminal neuralgia, Rochester, Minnesota, 1945-1984. *Ann Neurol*. 1990;27:89-95.
- Katusic S, Willaums DB, Beard CM, Bergstralh EJ, Kurland LT. Epidemiology and clinical features of idiopathic trigeminal neuralgia and glossopharyngeal neuralgia: Similarities and differences, rochester, minnesota, 1945-1984. *Neuroepidemiology*. 1991;10(5-6):276-81.
- Hall GC, Carroll D, Parry D, McQuay HJ. Epidemiology and treatment of neuropathic pain: The UK primary care perspective. *Pain*. 2006;122(1-2):156-62.
- Dieleman JP, Kerklaan J, Huygen FJPM, Bouma PAD, Sturkenboom MCJM. Incidence rates and treatment of neuropathic pain conditions in the general population. *Pain*. 2008;137(3):681-8.
- Zakrzewska JM, Mcmillan R. Trigeminal neuralgia : the diagnosis and management of this excruciating and poorly understood facial pain. *Postgrad Med J*. 2011;87:410-7.
- Agrawal S, Kambalimath D. Trigeminal neuralgia involving supraorbital and infraorbital nerves. *Natl J Maxillofac Surg [Internet]*. 2010;1(2):179. Available from: <http://www.njms.in/text.asp?2010/1/2/179/79226>
- William P. Cheshire, Jr M. Trigeminal neuralgia – diagnosis and treatment. *Curr Neurol Neurosci Rep [Internet]*. 2005;5:79-85. Available from: <http://journals.sagepub.com/doi/10.1177/0333102416687280>
- Nurmikko TJ, Eldridge PR. Trigeminal neuralgia-pathophysiology , diagnosis and current treatment. *Br J Anaesth*. 2001;87:117-32.
- Cruccu G, Finnerup NB, Jensen TS, Scholz J, Sindou M, Svensson P, et al. Trigeminal neuralgia : New classification and diagnostic grading for practice and research. *Neurology*. 2016;87:220-8.
- Breivik H, Collett B, Ventafridda V, Cohen R, Gallacher D. Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment. *Eur J Pain*. 2006;10(4):287-333.
- Katz N. The impact of pain management on quality of life. *J Pain Symptom Manage*. 2002;24(1 SUPPL. 1):38-47.
- Gustorff B, Dorner T, Likar R, Grisold W, Lawrence K, Schwarz F, et al. Prevalence of self-reported neuropathic pain and impact on quality of life: A prospective representative survey. *Acta Anaesthesiol Scand*. 2008;52(1):132-6.
- Smith BH, Torrance N. Epidemiology of neuropathic pain and its impact on quality of life. *Curr Pain Headache Rep*. 2012;16(3):191-8.
- Attal N, Lanteri-Minet M, Laurent B, Fermanian J, Bouhasira D. The specific disease burden of neuropathic pain: Results of a French nationwide survey. *Pain [Internet]*. 2011;152(12):2836-43. Available from: <http://dx.doi.org/10.1016/j.pain.2011.09.014>
- Love S, Coakham HB, Love CS. Trigeminal neuralgia Pathology and pathogenesis. *Brain*. 2001;124:2347-60.
- Bennetto L, Patel NK, Fuller G. Clinical Review Trigeminal neuralgia and its management. *Br Med J*. 2007;334(January):2001-5.
- Rappaport ZH, Gorvin-Lippmann R, Devor M. An Electron-Microscopic Analysis of Biopsy Samples of the Trigeminal Root Taken during Microvascular Decompressive Surgery. *Stereotact Funct Neurosurg*. 1997;68:182-6.
- Ildan F, Göçer AI, Bağdatlıoğlu H, Uzuneyüpoğlu Z, Tuna M, Cetinalp E. Isolated trigeminal neuralgia secondary to distal anterior inferior cerebellar artery aneurysm. *Neurosurg Rev [Internet]*. 1996;19(1):43-6. Available from: [papers3://publication/uid/9E79B310-E1D3-4596-8F84-4875E56CBOCA](https://pubmed.ncbi.nlm.nih.gov/9E79B310-E1D3-4596-8F84-4875E56CBOCA/)
- Chen HI, Lee JYK. The Measurement of Pain in Patients With Trigeminal Neuralgia. *Clin Neurosurg*. 2010;57:129-33.
- Khanna R, Kumar A, Khanna R. Brief pain inventory scale : An emerging assessment modality for orofacial pain. *Indian J Pain*. 2015;29(2):61-3.
- Lee JYK, Chen HI, Urban C, Hojat A, Church E, Xie SX, et al. Development of and psychometric testing for the Brief Pain Inventory-Facial in patients with facial pain syndromes. *J Neurosurg [Internet]*. 2010;113(3):516-23. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20151778>
- Sandhu SK, Halpern CH, Vakhshori V, Mirsaeedi-farahani K, Farrar JT, Lee JYK. Brief Pain Inventory - Facial minimum clinically important difference. *J Neurosurg*. 2015;122:180-90.
- Lee JYK. Measurement of Trigeminal Neuralgia Pain Penn Facial Pain Scale. *Neurosurg Clin NA [Internet]*. 2016;27(3):327-36. Available from: <http://dx.doi.org/10.1016/j.nec.2016.02.003>



Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

10. Brushing or flossing your teeth

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere interfere

11. Smiling or laughing

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere interfere

12. Talking

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere interfere

13. Opening your mouth widely

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere interfere

14. Eating hard foods like apples

0 1 2 3 4 5 6 7 8 9 10
Does not Completely
Interfere interfere

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

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad
As you can
Imagine

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

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad
As you can
Imagine

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

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad
As you can
Imagine

Circle the ONE number that describes your pain RIGHT NOW.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad
As you can
Imagine

13. Pagbuka ng bibig nang malaki

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

14. Pagkonsumo ng matitigas na pagkain tulad ng mansanas

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

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

0	1	2	3	4	5	6	7	8	9	10
Walang Pananakit										Pananakit na hindi mo lubos maisip

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

0	1	2	3	4	5	6	7	8	9	10
Walang Pananakit										Pananakit na hindi mo lubos maisip

Bilugan ang bilang na naglalarawan ng KATAMTAMANG antas ng pananakit na iyong naranasan sa nakaraang linggo.

0	1	2	3	4	5	6	7	8	9	10
Walang Pananakit										Pananakit na hindi mo lubos maisip

Bilugan ang bilang na naglalarawan ng iyong pananakit SA KASALUKUYAN.

0	1	2	3	4	5	6	7	8	9	10
Walang Pananakit										Pananakit na hindi mo lubos maisip

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

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

2. Kalagayan ng damdamin/kalooban

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

3. Paglalakad

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

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 the illustrates the WORST level of pain experienced in the past week:

0 1 2 3 4 5 6 7 8 9 10
 No Pain Unthinkably Painful

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 Unthinkably Painful

Encircle the number that illustrates the MEDIUM level of pain experienced in the past week:

0	1	2	3	4	5	6	7	8	9	10
No										Unthinkably
Pain										Painful

Encircle the number that illustrates the level of pain felt AT THE MOMENT:

0	1	2	3	4	5	6	7	8	9	10
No										Unthinkably
Pain										Painful

6. Filipino Informed Consent Form

TALAN 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 pabugso-bug-song malalang pagsakit sa isang bahagi ng mukha na nangangailangan ng agarang gamutan. Apat hanggang limang tao sa isang daang libong populasyon ang naapektuhan 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 ndi 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 kakailanganin upang masagutan ang ating palatanungan. Para sa mga kalakok sa bahagi ng *cognitive debriefing*, may *dagdag na 30 minutong panayam*. Ito ay maaring gawin habang naghihintay sa kanilang doktor o agad agad matapos ang konsultasyon.

Para sa mga pasyenteng makikilahok sa huling bahagi ng pag-aaral na ito, ang palatanungan ay ibibigay muli makalipas ng 10-14 araw na siya ring karaniwang iskyedul ng pagpapatingin sa doktor. Lahat ng pasyente ay titingnan ng kanilang doktor sa kanilang klinika (para sa mga pribadong doktor sa kani-kanilang klinika at para sa mga pasyente ng clinical division, sa OPD naman).

Walang karagdagang gastos ang madadagdag sa ating mga pasyente dahil ang pagsagot sa mga palatanungan at panayam ay sabay lamang sa karaniwang oras ng pagbalik sa doktor. Ang pamasaha at bayad sa doktor na siyang karaniwang binabayaran ang siya lamang gastos ng mga sasali sa pag-aaral.

Ang inyong records ay pag-aaralan at susuriin. Kayo po ay binibigyan ng sapat na oras upang pag-isipan kung papayag kayo sa aming pag-aanyaya. 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.

Ang iyong paglahok sa pag-aaral na ito ay kusang-loob. Gayundin, magagawa mong umalis sa pag-aaral na ito sa anumang oras na iyong naisin. Bibigyan ka ng kopya ng nalagdaan at napet-sahang katibayan ng pahintulot bago ang paglahok sa pag-aaral.

4. MGA POSIBLENG PANGANIB SA PAGLALAHOK

Ang mga tagapagsuri ay walang anumang impluwensiya sa pangangalaga at panggagamot sa iyo. Gayundin hindi sila magsasagawa ng anumang mga direktang interbensyon sa iyong pagpapagamot. Bilang ito ay isang pagsasalin at pagpagpapatunay na pag-aaral, may mga potensyal na sikolohikal na panganib o emosyonal na balisa para sa mga pasyenteng may medikal na kondisyon. Isang pribadong kwarto kung saan ang pasyente ay magiging komportable ang gagamitin sa magsusuri. Bukas na pagbabalita, aktibong pakikinig sa mga problema ang gagamitin ng tagapagtanong upang maibsan o mabawasan ang kung ano mang pagkabalisa ng pasyente. Kung magkakaroon ng sikolohikal o emosyonal na pagkabalisa, agad na sabihin sa tagapagsuri at sa doktor upang ito ay mapagtuan ng pansin. Ang mga tagapagsuri at mga doktor ay siya ring mga psychiatrist na maaring makapagbigay tugon sa ganitong problema. Gayundin, walang karagdagang bayad sa pagsali sa pagsusuring ito.

5. PAGPAPANATILING LIHIM NG PAGKAKAKILANLAN AT TALAANG MEDIKAL

Pananatiliing lihim ang lahat ng makukuhang impormasyong may kinalaman sa iyo sa pag-aaral na ito. Itatala ito nang walang pagkakakilanlan at hindi malalaman ninuman ang anumang impormasyon hinggil sa iyong katauhan. Dahil dito, bibigyan ka bilang kalahok ng 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 makaalam sa iyong pansariling impormasyon at sa mga sagot sa iyong palatanungan. Gayunpaman, ang IRB at mga kinauukulan sa pananaliksik ay mabibigyan ng karapatang makaalam sa iyong talaang medikal upang makasiguradong ang pananaliksik ay naaayon sa tama at makaagham na pamamaraan.

Sa kaganapan ng anumang pagsasalathala ng pag-aaral na ito, ang iyong pagkakakilanlan ay mananatiling lihim.

6. SINOONG MAAARING PUNTAHAN UKOL SA MGA KATANUNGAN

Kung mayroon kayong pag-aalinlangan o iba pang katanungan tungkol sa pag-aaral pagkatapos basahin ang talaang ito, makipag-ugnayan kay Dr. Genevieve Lynn C. Tan sa cellphone number +639228826436.

Kung kinakailangan ng karagdagang impormasyon ukol sa pag-aaral na ito, maaari po kayong makipag-ugnayan sa taga-pangulo ng UST Hospital – Institutional Review Board Dr. Wilson Tan De Guzman sa numerong 731-3001 local 2610. Ang kanilang opisina ay nasa ika-6 na palapag ng Clinical Division Building, UST Hospital.

KATIBAYAN NG PAGPAYAG NG PASYENTE

Ang impormasyon sa talaan na ito ay aking nabasa at ipinaliwanag nang mabuti sa akin. Naintindihan ko ang lahat ng gagawin sa pag-aaral na ito. Nakapagtanong ako tungkol sa mga proseso at nasagot naman nang lubusan ang aking mga katanungan. Kusa akong sumasang-ayon na lumahok sa pag-aaral na ito. Sumasang-ayon din ako na gawin ang mga nakasulat sa talaan na ito.

_____	_____	_____
Pangalan ng Pasyente/ Legal na Kinatawan	Lagda	Petsa

Saksi

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

_____	_____	_____
Pangalan ng Saksi Tagapagsuri	Lagda	Petsa

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

_____	_____	_____
Pangalan ng tagapagsuri / Pangalan ng Kumukuha ng Pagpayag ng Pasyente	Lagda	Petsa