Several cognitive skills, such as measurement, classification, and seriation (the ability to accurately place in ascending or descending order), become apparent between 7 and 10 years old. Older children are able to use a 0 to 10 NRS used by adolescents and adults. Other dimensions (such as pain quality, pain location, and spatial distribution of pain) may change without a change in pain intensity.

Pain charts or pain drawings are used to obtain information regarding the location of pain and have been well validated for children 8 years old and older (von Baeyer, Lin, Seidman, et al, 2011). The Adolescent Pediatric Pain Tool (APPT), modeled after the McGill Pain Questionnaire (Melzack, 1975), is a multidimensional pain measurement instrument used with children and adolescents to assess pain location, intensity, and quality (Fernandes, De Campos, Batalha, et al, 2014) (Fig. 5-3). The APPT is an instrument with an anterior and posterior body outline on one side and a 100-mm word-graphing rating scale with a pain descriptor on the other side (Savedra, Holzemer, Tesler, et al, 1993; Savedra, Tesler, Holzemer, et al, 1989; Tesler, Savedra, Holzemer, et al, 1991). Each of the three components of the APPT is scored separately. The body outline is scored by placing a clear plastic template overlay with 43 body areas on the body outline diagram. An estimate of the pervasiveness of the pain is made by counting the number of body areas marked. A ruler or micrometer preprinted on the APPT is used to score the word-graphic rating scale. The number of millimeters from the left side of the scale to the point marked by the child is measured; and the numeric value provides an overall evaluation of the amount of pain the child is experiencing. The total number of words on the descriptor list is counted, and scores range from 0 to 56. The clinician then counts the number of words selected in each of three categories—evaluative (0-8), sensory (0-37), and affective (0-11)—and calculates a percentage score for each one (Savedra, Holzemer, Tesler, et al, 1993). A systematic review of the APPT found that it can be helpful in customizing pain management interventions for adolescents (Fernandes, De Campos, Batalha, et al, 2014).