

Reference:

Kerns, R.D., Turk, D.C., & Rudy, T.E. (1985). The West Haven-Yale Multidimensional Pain Inventory (WHYMPI). *Pain*, 23, 345-356.

Language:

English

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1. Origin:

The instrument is original. It is theoretically linked to the cognitive-behavioral conceptualization of chronic pain (Turk et al., 1983) and health assessment (Turk & Kerns, 1985).

2. Purpose:

The West Haven-Yale Multidimensional Pain Inventory (WHYMPI/MPI) is designed to provide a brief, psychometrically-sound, and comprehensive assessment of the important components of the chronic pain experience.

3. Population:

The WHMPI has been demonstrated to be applicable across a variety of clinical pain conditions including chronic low back pain, temporomandibular disorders, headaches (Turk & Rudy; 1988; 1990), fibromyalgia (Turk et al., 1996), and cancer pain (Turk et al., 1998a). The WHYMPI has been demonstrated to be sensitive to change following rehabilitation (Kerns & Haythornthwaite, 1988; Kerns, Turk, Holzman & Rudy, 1986; Turk et al., 1993; Turk et al., 1998b). Its brevity, validity/reliability, self-report nature and ease of scoring make it ideal for both clinical and research purposes. The WYMPI has been used cross culturally and has been translated into several languages including Swedish (Bergstrom et al., 1999), Dutch (Lousberg et al., 1999), German (Flor et al., 1990), Italian, Spanish, Portuguese, French, Icelandic, and Japanese.

4. Administration:

Rater: The WHYMPI is a self-report questionnaire that may be administered by a qualified therapist or research assistant.

Time required: 20 minutes

Training: Individuals administering the WHYMPI should have an understanding of the subscales and how they relate to the cognitive-behavioral perspective of pain.

Scoring: Hand scored or computer scoring program

Part I

Interference: (Question 2+3+4+8+9+13+14+17+19)/9

Support: (Question 5+10+15)/3

Pain Severity: (Question 1+7+12)/3

Life-Control: (Question 11+16)/2

Affective Distress: ((6-Question 6)+18+20)/3

Part II

Negative Responses: (Question 1+4+7+10)/4

Sollicitous Responses: (Question 2+5+8+11+13+14)/6
Distracting Responses: (Question 3+6+9+12)/4

Part III

Household Chores: (Question 1+5+9+13+17)/5
Outdoor Work: (Question 2+6+10+14+18)/5
Activities Away from Home: (Question 3+7+11+15)/4
Social Activities: (Question 4+8+12+16)/4
General Activity: (Sum of all questions in Part III)/18

*** To account for sporadic missing data, sums should be divided by the number of non-missing items. Any scale with more than 25% of its items missing should be considered missing.

5. Description:

The WHYMPI (Kerns, Turk, and Rudy, 1985) is a 52-item, 12-scale inventory that is divided into three parts. Part I includes five scales designed to measure important dimensions of the chronic pain experience including; 1) perceived interference of pain in vocational, social/recreational, and family/marital functioning, 2) support or concern from spouse or significant other, 3) pain severity, 4) perceived life control, and 5) affective distress. Part II assesses patients' perceptions of the degree to which spouses or significant others display Sollicitous, Distracting or Negative responses to their pain behaviors and complaints. Part III assesses patients' report of the frequency with which they engage in four categories of common everyday activities; Household Chores, Outdoor Work, Activities Away from Home, and Social Activities. In addition to the individual scale scores, a General Activity scale score, obtained from the combination of all four activity scale scores, has been recommended for some purposes (Turk & Rudy, 1990). Patient's responses to WHYMPI items are made on a 7-point scale.

6. Coverage:

The instrument is recommended for use as part of behavioral and psychological assessment strategies in the evaluation of chronic pain patients in a clinical or research setting.

7. Reliability:

Kerns, Turk and Rudy (1985) demonstrated that the internal reliability coefficients of all WHYMPI scales range from .70 to .90; the test-retest reliabilities of these scales over a 2-week interval range from .62 to .91.

8. Validity:

The validity of the WHYMPI has been supported by the results of confirmatory and exploratory factor analytic procedures. The procedures revealed that the WHYMPI scales were significantly correlated with several criterion measures of anxiety, depression, marital satisfaction, pain severity, and health locus of control

9. Responsiveness:

Studies have demonstrated the sensitivity of the WHYMPI to improvements in pain and functioning (Kerns & Haythornthwaite, 1988; Kerns, Turk, Holzman & Rudy, 1986; Turk et al., 1993; Turk et al., 1998b); the ability of several of its scales to discriminate level of depressive symptom severity (Kerns & Haythornthwaite, 1988); the viability of the Pain Severity and Activity scales as brief and reliable measures of pain intensity and adaptive functioning (Holmes & Stevenson, 1990; Rudy, Turk, Kubinski, & Zaki, 1995); and the predictive utility of the Part II scales in the role of social interaction in the maintenance of pain and disability (Kerns, Haythornthwaite, Southwick, & Giller, 1990; Faucet & Levine, 1991).

10. Strengths:

The strengths of the WHYMPI are its brevity, ease of administration, demonstrated reliability and validity, face validity and patient acceptance, and demonstrated utility in multiple clinical and research investigations.

11. Weakness:

One weakness of the WHYMPI is that the Life-Control subscale is comprised of only two items.

12. Bibliography:

See attached Bibliography (WHYMPI-articles.doc)