

## Introduction

- Body maps have been studied in pediatric samples, however, with 74 possible body locations, the **CHOIR body map (CBM)** may offer greater precision in pain assessment.

## Aims

This study examined:

- Characteristics of the CHOIR Body Map as used by a large sample of youth seen in a multidisciplinary chronic pain clinic.

## Methods

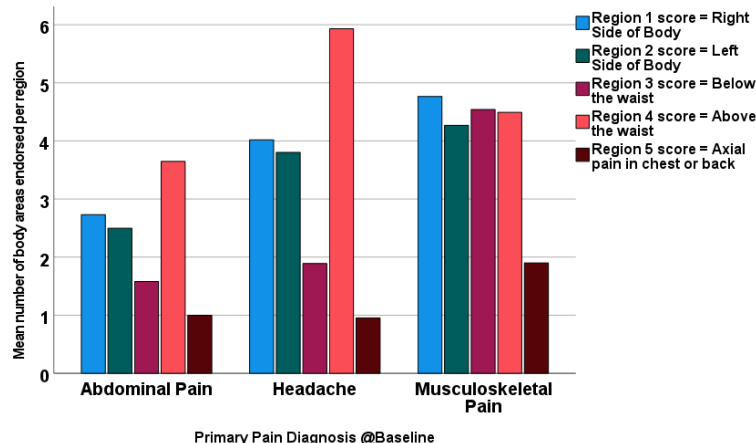
- Participants:** 1296 patients completed patient-reported outcome measures prior to their multidisciplinary pain management evaluation and prior to their 1- and 3- month follow up visits.
- CBM:** Patients are instructed to tick all body areas with pain. The sum of locations indicated as having pain = **CBM score**.

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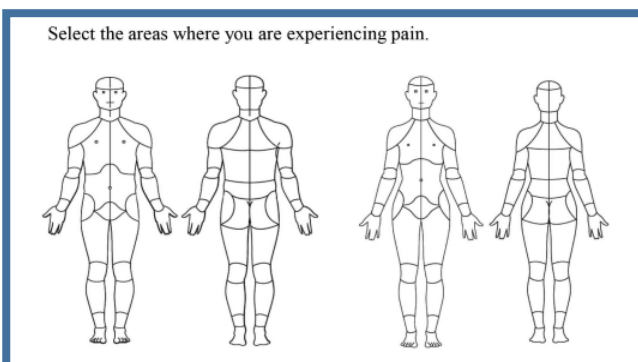
## Results

Patient Characteristics (n = 1296)	
Age, years: M (SD)	14.4 (2.4)
Age group: n, (%)	
Children (8-12 yrs)	335 (25.8)
Adolescent (13- <18 yrs)	961 (74.2)
Female, n (%)	938 (72.4)
Race: n, (%)	
White	772 (59.6)
Other	230 (17.7)
Asian	102 (7.9)
Black	30 (2.3)
Decline/Unknown	162 (12.5)
Non-Hispanic: n, (%)	680 (71.2)

CBM Scores	Range	M (SD)
Baseline	0 - 74	8.68 (11.93)
1 Month	0 - 74	0.99 (4.39)
3 Month	0 - 67	1.45 (5.67)



↑ Widespread pain defined as having 5 regions endorsed



## Discriminant Validity:

- At all 3 time points, CBM scores were significantly correlated ( $p < 0.05 - 0.01$ ) with self-reports of **fatigue, pain interference, mobility, current pain, anxiety, and depression**. The exception was anxiety at 1 month ( $P > 0.05$ ).
- Change in Pain Interference was significantly correlated with change in CBM scores overall, and for children and adolescents separately (all  $P$ s  $< 0.05$ ).

## Conclusions

- This study suggests that the CHOIR body map is a valid tool for the assessment of pain locations in children and adolescents with chronic pain.

## Reference

Scherrer KH, et al. Development and validation of the Collaborative Health Outcomes Information Registry body map. *Pain Rep.* 2021;6(1):e880.

## Face Validity:

- Among the 3 top diagnoses, baseline CBM was significantly lower in those with abdominal pain ( $M 5.23 \pm 8.38$ ) than in those with headache/migraine ( $M 7.82 \pm 10.44$ ) and musculoskeletal ( $M 9.03 \pm 11.05$ ) pain; Although CBM was higher in those with MSK pain, Scores did not differ significantly.
- Among these diagnoses, widespreadness score was significantly higher in the MSK group than in the headache/migraine ( $p < 0.0010$ ) and the abdominal pain group ( $p = 0.001$ ). The latter two did not differ significantly.