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Validation of the French Version of the "ASA Nine Outcome Measure Questionnaire" (ASA 9Q) in a University Based Interventional Pain Unit

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Introduction: Outcome measurement of pain management is very complex. The ideal instrument should be easily administered, require little effort to complete and be reliable among pain patients (1). The ASA Committee on Pain Management developed a standardized outcome questionnaire (ASA 9Q) designed to assist clinicians in quantifying the effect of their practice (2). To our knowledge no validation study has been reported, thus our study was designed to validate the French version of the ASA 9Q.

Study design: Prospective, cohort, observational study in a high volume (>2000 patients/year) university-based, out- and in-patient interventional pain facility.

Methods: ASA 9Q was separately translated and back-translated into French to ensure linguistic and cultural consistencies. Questionnaire inter- and intra- examiner reliability was analysed using the test-retest method, correlated by Pearson coefficient. External and internal validity was examined using uni-dimentional principal component analysis and item matching to total score. The mean scores of the first eight questions answered by patients were compared to the ninth question answered by the treating physician.

Results: One hundred and fifty two consenting patients (74 men and 78 women, mean age 52.9) participated in this validation study. Inter- and intra- examiner reliability showed Pearson coefficients of 0.94 and 0.98 respectively. Internal validity showed predictability indices highest for depression (6.24), satisfaction (5.44), pain (4.13) and global health assessment (1.42). Uni-dimensional principal component analysis showed a 0.441 variance (figure 1), indicating good congruency within the eight domains presented in the questionnaire. Physician significantly underestimated patient outcome ($p < 0.05$).

Conclusions: The French version of the ASA 9Q is a tool that is reliable, valid and easy to use when assessing chronic pain patients. Depression and not pain predicts best global score, and physician may under estimate the effect of treatment.
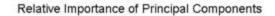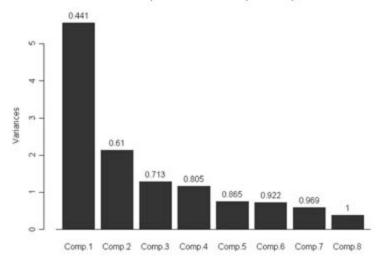
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Figure 1

Relative Importance of Principal Components