**Functional Abdominal Pain – Assessment Measures**

**Coping**

4. *Pain Response Inventory* (PRI)

Purpose of use: The PRI is a child-report measure of pain coping strategies comprising three subscales: passive coping (15 items), active coping (24 items), and accommodative coping (16 items). Passive items include self-isolation, activity restriction, and catastrophizing. Active coping strategies include problem solving, social support seeking, and distraction. Accommodative coping strategies include acceptance and self-encouragement.

Psychometric properties:Reliability and validity have been determined to be adequate (e.g., Walker et al., 1997). Example alpha reliabilities for the three subscales ranged from .87 to .89 (i.e., P = .88; Act = .87; and, Acc = .89; Kaczynski, Lewis Claar, & Logan, 2009).

Suggested next steps for validation: Although passive coping has been linked to more depression, anxiety, and functional disability in children and adolescents with chronic pain, somewhat less is known about the specific and relative predictive value of active vs. accommodative coping on child outcomes. Replication of existing validation studies is also needed.

Relevant reference(s):

1. Walker LS, Smith CA, Garber J, Van Slyke DA (1997). Development and validation of the pain response inventory for children. *Psychological Assessment*, *9*(4), 392-405
2. Walker LS, Smith CA, Garber J, Claar RL (2005). Testing a model of pain appraisal and coping in children with abdominal pain. *Health Psychology*, *24*, 364-374.