Supplementary Table 2. Methodological Quality and Measurement Property Results

A. Content validity and internal structure

Measure	Country (language)	age group	Content validity				Structural validity (% variance explained)				Cross-cultural validity				Internal consistency			
			n	Result	Rating	Meth qual	n	Result	Rating	Meth qual	n	Result (rating)	Rating	Meth qual	n	Result (Cronbach alpha coefficient)	Rating	Meth qual
APPT	Portugal (Portuguese) (Fernandes et al., 2015)	8-17	24 children	Relevance and comprehensibility (patients): assessed with the Q-sort method, 58 words were known by >75% of children, comprehensiveness not assessed.	+	Doubtful					3 Portuguese native reviewers; 2 English native translators	independent translation, back-translation	?	Inadequate				
APPT	Turkey (Turkish) (Özalp Gerçeker et al., 2018)	8-17	10 paediatric pain experts	Relevance (expert): Content validity index (CVI) = 0.8-1.0 (+)	+	Adequate					5 language experts	independent translation, back-translation, experts committee were used to provide cross-cultural validity in the development process	+	Doubtful	96	APPT-T α=0.78	+	Adequate
			10 children or adolescents with cancer	Relevance and comprehensibility (patients): assessed with the Q-sort method, 89% of 63 words categorised as "I use this word to describe hurt/ pain" by participants, comprehensiveness not assessed.	+	Doubtful												
COMFORT	United States (English) (Ambuel et al., 1992)	n.r.	20 experienced clinicians	Experts were only involved before development of scale, relevance and comprehensibility were not explicitly consulted, patients were not involved in content validation.	+	Inadequate	50	PCA: Dimension 1 & 2 (84%) Dimension 1 (58%) Dimension 2 (26%)	+	Adequate					50	α=0.90	+	Very good
	The Netherlands (English) (van Dijk et al., 2000)	0-3													158	α=0.90, 0.92, 0.92	+	Very good
CPI	United States (English/ Spanish determined by language use) (Pfefferbaum et al., 1990, Adams, 1988, Adams, 1989)	3-15.9													35	α=0.80 in Anglo children	+	Adequate
															43	α=0.72 in Hispanic children	+	
DEGR	France (French)	2-6					80	Factor 1 (51%) Factor 2 (13,14%) Factor 3 (8, 10%)	+	Doubtful								

Measure	Country (Language) (Citation)	Age		N	Structural validity			Cross-cultural				N	Internal consistency		
	(Gauvain-Piquard et al., 1987)					+									
	France (French) (Gauvain-Piquard et al., 1999)	2-6		152	Factor 1 (50%) Factor 2 (15%)	+	Adequate					152	α=0.90, 0.93, 0.84, 0.74 respectively for total score, pain subscale, psychomotor inertia, and anxiety subscale	+	Very good
	France (French) (Marec-Berard et al., 2015)	2-6		59	factorial analysis, correlation coefficients, between score of each item and total scores of other items >0.5 for 7/10 items	+	Inadequate					59	α = 0.845	+	Adequate
				48	factorial analysis, correlation coefficients, between score of each item and total scores of other items >0.5 for 4/10 items	-	Inadequate					48	α = 0.777	+	Adequate
DOLLS															
FLACC	Brazil (Brazilian Portguese) (Da Silva et al., 2011)	7-17										90	α=0.76	+	Adequate
Le Baron and Zeltzer, 1984 / Kuttner and LePage, 1989 Faces Scale	United States (English/ Spanish determined by language use) (Pfefferbaum et al., 1990, Adams, 1988, Adams, 1989)	3-15.9										35	α=0.85	+	Adequate
												43	α=0.87	+	Adequate
FPS-R	Spain (Catalan) (Miro and Huguet, 2004)	7-15						1 bilingual psychologist 1 native English speaker	independent translation and back-translation were used to provide cross-cultural validity in the development process	+	Doubtful				
HEDEN	France (French) (Marec-Berard et al., 2015)	2-6										59	α = 0.61 (95% CI: 0.48–0.79)	-	Adequate
												48	α = 0.75 (95% CI: 0.48–0.79)	-	Adequate
MSAS (7-12)	United Kingdom (English) (Collins et al., 2002)	7-12										149	α = 0.67	-	Adequate

	Country (Language) (Reference)	Age	Experts	Content validity			Translation			N	Internal consistency		
OMDQ													
OPS													
Pain Squad	Canada (English) (Stinson et al., 2015)	8-18	10 paediatric oncologists 10 paediatric pain experts	Development (expert): expert opinion was used to develop the tool (+)	+	Doubtful				92	8-18 (N=92) α = 0.96	+	Adequate
			18 adolescents with cancer	Relevance (patients): 88% of questions rated as "important" or "very important" by >50% of adolescents (+)	+	Doubtful							
PBCL	United States (English/ Spanish) (Pfefferbaum et al., 1990)	3-15.9								35	α=0.78 in Anglo children	+	Adequate
										43	α=0.54 in Hispanic children	-	Adequate
PCT													
PII	United States (English) (Martin et al., 2015)	6.6-24.1								60	α = 0.84	+	Adequate
PII-P	United States (English) (Martin et al., 2015)	6.6-24.1								65	α = 0.94 (mothers) and 0.96 (fathers)	+	Adequate
PPP	Brazil (Brazilian Portuguese) (Pasin et al., 2013)	1-18	20 health professionals 10 primary caregivers/ parents	Clarity: median between 3.00 (clear) and 4.00 (very clear); mean= 3.49, SD = 0.82) (+)	+	Inadequate	2 bilingual translators; 2 English translators; 2 registered nurses; 2 doctors; 2 physiotherapists; 1 pain specialist; 1 teacher; researchers; author of original version	independent translation; back-translation; experts committee: experts maintain consensus and semantic equivalence	+	Adequate	45	α = 0.864	+	Adequate
	United Kingdom (English) (Hunt et al., 2007)	1-18								29	α = 0.88	+	Adequate
	United Kingdom (English)	1-18								140	α = 0.75-0.89	+	Adequate

	(Hunt et al., 2004)						
RPS	Canada (English) (Mahon et al., 2015)	5-10					
SSPedi	Canada and United States (English) (Dupuis et al., 2018)	8-18.7		502	α = 0.86	+	Adequate
WBS							

APPT - Adolescent Paediatric Pain Tool; CPI - Children's Procedural Interview; DEGR scale - Douleur Enfant Gustave Roussy; FPS-R – Faces Pain Scale-Revised; FLACC scale - Face, Legs, Activity, Cry, Consolability scale; HEDEN scale - Hétero Evaluation Douleur Enfant scale; MIPS - Modified Infant Pain Scale; MSAS - Memorial Symptom Assessment Scale; OMDQ - Oral Mucositis Daily Questionnaire; OPS - Objective Pain Scale; PBCL - Pain Behaviour Check List; PCT - Poker Chip Tool; PII - Pain Interference Index; PII-P - Pain Interference Index-Parent; PPP - Paediatric Pain Profile; r - Pearson product moment correlation coefficient; RPS - Rainbow Pain Scale; rs - Spearman correlation coefficient; SSPedi - Symptom Screening in Paediatrics; τ - Kendall's tau (τ) correlation coefficient; WBS - Wong-Baker FACES Pain Rating Scale

B. Other measurement properties.

Measure	Country (language) in which the questionnaire was evaluated	age group	used reference (reported by)	n	Convergent/ Divergent validity: Result	Rating	Meth qual	used reference (reported by)	n	Predictive/ concurrent validity: Result	Rating	Meth qual	N	Results	Rating	Meth qual
					Hypothesis testing					**Criterion validity**				**Reliability**		
APPT	Turkey (Turkish) (Özalp Gerçeker et al., 2018)	8-17											30	**test-retest:** ICC = 0.84 (total number of body areas marked), 0.73 (pain severity), 0.72 (pain intensity ratings), and 0.82 (total number of word descriptors). No significant differences at repeated measurements (p>0.05) for all sections	+	Adequate
COMFORT	United States (English) (Ambuel et al., 1992)	n.r.	VAS (clinicians)	50	**Convergent validity: Significant** r=0.75, P<0.01	+	Very good						50	**Interrater agreement:** r = 0.84, p <0.01	+	Doubtful
COMFORT	The Netherlands (English) (van Dijk et al., 2000)	0-3	VAS (nurses)	26	**Convergent validity:** before r = 0.64-0.73; after r = 0.79-0.83	+	Very good						158	**Interrater agreement:** K=0.70 (0.63-0.93)	+	Adequate
COMFORT	The Netherlands (English) (Van Dijk et al., 2001)	0-3	HRV	158	**Convergent validity: Significant** r=0.44, 0.31-0.55	-	Adequate									
			HRV		**Convergent validity: Significant** r=0.48, 0.35-0.58	-	Adequate									
			MAP		**Convergent validity: Significant** r=0.0.37, 0.24-0.49	-	Adequate									
			MAPV		**Convergent validity: Significant** r=0.49, 0.36-0.59	-	Adequate									
CPI	United States (English/ Spanish determined by language use) (Pfefferbaum et al., 1990, Adams, 1988, Adams, 1989)	3-15.9	PBCL	35	**Convergent validity:** r=0.66, P<0.001 in Anglo children	-	Very good									
			PBCL	43	**Convergent validity**: r=0.64, P<0.001 in Hispanic children	-	Very good									
			Age	35	**Divergent validity: significant** r =-0.40, p<0.01 in Anglo children	-	Very good									
			Age	43	**Divergent validity: significant** r=-0.46, p<0.001 in Hispanic children	-	Very good									
			Gender	35	**Divergent validity: Not significant** r =not reported in Anglo children	-	Very good									
			Gender	43	**Divergent validity: Not significant** r=not reported in Hispanic children	-	Very good									
			Duration and stage of illness	35	**Divergent validity: Not significant** r =not reported in Anglo children	-	Very good									
			Duration and stage of illness	43	**Divergent validity: Not significant** r=not reported in Hispanic children	-	Very good									

			Parent anxiety	35	**Divergent validity: Significant** r =0.51, p<0.01 in Anglo children	-	Very good					
				43	**Divergent validity: Not significant** r=not reported in Hispanic children	-	Very good					
DEGR	France (French) (Gauvain-Piquard et al., 1987)	2-6								80	Interrater agreement: K=0.14-0.60, significantly different from 0, <0.7; agreement was better for auxillaries (0.32-0.60) than nurses (0.14-0.53)	-	Very good
	France (French) (Gauvain-Piquard et al., 1999)	2-6	pain specialists' ratings	53	**Convergent validity:** r = 0.74-0.87, p<0.001	+	Very good			152	Interrater agreement: significant weighted kappa coefficients for all items, p<0.001, varied from 0.28-0.45, weighted kappa coefficient for total DEGRR score = 0.71> 0.7	+	Very good
			gender	152	**Divergent validity: Not significant** r = not reported, p >0.05	-	Very good					
			age	152	**Divergent validity: Not significant** r = not reported, p >0.05	-	Very good					
			psychosocial characteristics	152	**Divergent validity: Not significant** r = not reported, p >0.05	-	Very good					
			medical characteristics	152	**Divergent validity: Not significant** r = not reported, p >0.05	-	Very good			53	Interspecialist agreement: K=0.4 (4 specialists)	-	Doubtful
	France (French) (Marec-Berard et al., 2015)	2-6	HEDEN	59	**Convergent validity:** r = 0.50	-	Very good					
			HEDEN	48	**Convergent validity:** r = 0.6	-	Very good					
DOLLS	Lebanon (Arabic) (Badr Zahr et al., 2006)	4-10	Scores before procedure	45	**Divergent validity: Significant** t = 12.45, p<0.01	+	Very good					
			heart rate	45	**Convergent validity: Significant** r = 0.78, 0.89, 0.74, p<0.001	+	Very good					
			systolic blood pressure	45	**Convergent validity: Significant** r = 0.75, 0.81, 0.79 p<0.001	+	Very good					
			oxygen saturation	45	**Convergent validity: no correlation** DOLLS and are not correlated	-	Very good	WBS	45	**Concurrent validity: Significant** r = 0.90, p<0.01	+	Very good
			OSBD-R (parents)	45	**Convergent validity: Significant** r = 0.76, p<0.01	+	Very good					
			WBS (parents)	45	**Convergent validity: Significant** r = 0.81, p<0.01	+	Very good					
			FLACC (nurses)	45	**Convergent validity: Significant** r = 0.82, p<0.01	+	Very good					
			OSBD-R (nurses)	45	**Convergent validity: Significant** r = 0.80, p<0.01	+	Very good					
FLACC	United States (English)	<1-7	postanalgesia scores	89	**Divergent validity: Significant** Preanalgesia FLACC scores (7.0+/-2.9) are significantly higher than that postanalgesia at 10, 30, 60: (1.7	+	Adequate			89	Interrater agreement: r = 0.94, kappa value >0.5; face: kappa = 0.52; legs: kappa = 0.67;	+	Very good

	(Merkel et al., 1997)				+/- 2.2), (1.0 +/- 1.9),(0.2 +/- 0.5) , p<0.001									activity: kappa = 0.72 cry: kappa = 0.82; consolability: kappa = 0.66		
			pain global ratings (nurses)	89	**Convergent validity: Significant** r = 0.41 p<0.005	-	Very good									
			OPS	89	**Convergent validity: Significant** r = 0.80 p<0.001	+	Very good									
	Lebanon (Arabic) (Badr Zahr et al., 2006)	4-10	OSBD-R (parents)	45	**Convergent validity: Signifcant** r = 0.89	+	Very good	DOLLS	45	**Concurrent validity: Significant** r = 0.82, p<0.01	+	Very good				
			DOLLS (self)	45	**Convergent validity: Signifcant** r = 0.82	+	Very good									
			FACES (self)	45	**Convergent validity: Signifcant** r = 0.78	+	Very good									
	United States (English) (Manworren and Hynan, 2003)	<3	postanalgesia scores	147	**Divergent validity: Significant** Preanalgesia (Time 1) FLACC scores, 95%CI (7.0, 6.66-7.41) significantly higher than postanalgesia Time 2 (2.05, 1.68-2.43) , Time 3 (0.74,0.48-1.00)	+	Very good									
	Brazil (Brazilian Portuguese) (Da Silva et al., 2011)	7-17	gender	90	**Divergent validity: Not significant** FLACC-B r = not reported, p =0.36	-	Very good									
Le Baron and Zeltzer, 1984 / Kuttner and LePage, 1989 Faces Scale	United States (English/ Spanish determined by language use) (Pfefferbaum et al., 1990, Adams, 1988, Adams, 1989)	3-15.9	PBCL	35	**Convergent validity: Significant** r=not reported, p=not reported in Anglo children	?	Doubtful									
				43	**Convergent validity: Significant** r=not reported, P=not reported in Hispanic children	?	Doubtful									
FPS-R	Brazil (Brazilian Portuguese) (Da Silva et al., 2011)	7-17	gender	90	**Divergent validity: Not significant** FPS-R-B r = not reported, p =0.75	-	Doubtful						124	Measurement error: expected to have a high account of measurement error due to it being a single item instrument	?	Inadequate
			FLACC-B	90	**Convergent validity: Significant** FPS-R-B rs=0.74	+	Very good									
	Canada (English) (Hicks et al., 2001)	4-12						CAS	45	**Predictive validity: significant** FPS-R r = 0.84	+	Very good				
								VAS	45	**Predictive validity: significant** FPS-R r = 0.92	+	Very good				
	Spain (Catalan) (Miro and	7-15	CAS	124	**Predictive validity: Significant** FPS-R-C r=0.87, p<0.001	+	Very good	FAS	124	**Predictive validity: significant** FPS-R-C r = 0.32 p <0.01	-	Very good				

Instrument	Country (language) (Reference)	Age	Measure	N	Validity	Rating	Quality	Measure	N	Validity	Rating	Quality	N	Reliability	Rating	Quality
	Huguet, 2004)															
HEDEN	France (French) (Marec-Berard et al., 2015)	2-6	DEGR	59	**Convergent validity:** r = 0.5, p = not reported	-	Very good						59	Interrater agreement: r = 0.62	-	Doubtful
				48	**Convergent validity:** r = 0.6, p = not reported	-	Very good						48	Interrater agreement: r = 0.67 (95% CI: 0.48–0.79)	-	Doubtful
MIPS	United States (English) (Buchholz et al., 1998)	<1						VAS (nurses)	40	acceptable concordance between MIPS and observer VAS	+	Inadequate	40	Interrater agreement: r = 0.85, p = n.r.	+	Doubtful
MSAS (7-12)	United Kingdom (English) (Collins et al., 2002)	7-12						PAIN-VAS	149	**Concurrent validity: Significant** MSAS-PAIN r = 0.76 p<0.01	+	Very good	149	Interrater agreement: for pain subscale, parent and child agreement: weighted kappa = 0.46	-	Very good
OMDQ	Canada (English) (Tomlinson et al., 2011)	1-11											59	**Test-retest of pain construct: Significant** Day 1 and 2: **rs** = 0.676 (p <0.0001) Day 14 and 15: **rs** = 0.889 (0.0001)	+	Doubtful
	Canada (English) (Manji et al., 2012)	12-17	WHO mucositis	15	**Convergent validity: Significant** OMDQ-Pain rs = 0.90, p<0.0001	+	Adequate						15	**Test-retest: Significant** amount of mouth and throat pain rs = 0.88, P<0.0001	+	Doubtful
			VAS mucositis	15	**Convergent validity: Significant** OMDQ-Pain rs = 0.81, p<0.0001	+	Adequate									
			FACTECS swallow	15	**Convergent validity: Significant** OMDQ-Pain rs = -0.77, p<0.0001	+	Adequate									
			FACTECS eat	15	**Convergent validity: Significant** OMDQ-Pain rs = -0.62, p<0.0001	-	Adequate									
			FACTECS total	15	**Convergent validity: Significant** OMDQ-Pain rs = -0.71, p<0.0001	+	Adequate									
OPS	United States (English) (West et al., 1994)	5-13	FPS (parent)	13	**Convergent validity: Significant** τ = 0.26, p =0.10	-	Inadequate	FPS (self-report)	13	Concurrent validity τ = 0.37, p =0.02	-	Inadequate				
			PCT (parent)	13	**Convergent validity: Significant** τ = 0.22, p =0.16	-	Inadequate	PCT (self-report)	13	Concurrent validity τ = 0.27, p =0.09	-	Inadequate				
Pain Squad	Canada (English) (Stinson et al., 2015)	8-18	generic HRQL	92	Convergent validity: Pain Squad VAS r = (-0.20 to -0.46)	-	Very good									
			disease-specific HRQL	92	Convergent validity: Pain Squad VAS r = (-0.12 to -0.28)	-	Very good									
			pain coping HRQL	92	Convergent validity: Pain Squad VAS r = (0.25-0.29)	-	Very good									
PBCL	United States (English/ Spanish determined by language)	3-15.9	Le Baron and Zeltzer, 1984 / Kuttner and LePage,	35	**Convergent validity: Significant** r=not reported, p=not reported in Anglo children	?	Doubtful	self-report PBCL	35	**Concurrent validity: Significant** caregiver PBCL r= 0.04, p <0.01 in Anglo children	-	Very good				
				43	**Convergent validity: Significant** r=not reported, P=not reported in Hispanic children	?	Doubtful	self-report PBCL	43	Concurrent validity: not correlated caregiver PBCL r = 0.14, p <0.01 in Hispanic children	-	Very good				

Instrument	Country (Language) / Age / (Reference)	Measure	N	Validity		Quality	Measure	N	Validity		Quality	N	Reliability		Quality
	use) (Pfefferbaum et al., 1990)	1989 Faces Scale													
		CPI	35	**Convergent validity:** r=0.66, P<0.001 in Anglo children	-	Very good									
			43	**Convergent validity:** r=0.64, P<0.001 in Hispanic children	-	Very good									
	United States (English) 6-18 (LeBaron and Zeltzer, 1984)	Patient self-rating of pain	22	**Convergent validity: significant** r=0.49, 0.53, 0.21, p<0.001, P<0.001, not significant	-	Doubtful						22	**Interrater agreement:** r = 0.64, 0.80, 0.86, p <.01	?	Doubtful
		Observer rating of pain	22	**Convergent validity: significant** r=0.42, 0.64, 0.45, p<0.001	-	Doubtful									
PCT	United States (English) 5-13 (West et al., 1994)	WBS (parent)	30	**Convergent validity:** Kendall's = 0.7 (PCT parent) P=0.0001	+	Doubtful	WBS	30	**Concurrent validity: significant** Kendall's=0.67, P=0.0001	-	Doubtful	30	**Interrater agreement:** not significant, value not reported	?	Doubtful
		OPS (nurse)	30	**Convergent validity:** Kendall's = 0.0.27 (PCT patient) P=0.09	-	Doubtful						30	**Intrarater agreement:** Kendall's = 0.23, p=0.16	?	Doubtful
PII	United States (English) 6.6-24.1 (Martin et al., 2015)	PII-P	60	**Concurrent validity:** r = 0.62, P<0.0001	-	Very good									
PII-P	United States (English) 6.6-24.1 (Martin et al., 2015)						PII (self-report)	60	**Concurrent validity:** r = 0.62, P<0.0001	-	Very good				
	United Kingdom (English) 1-18 (Hunt et al., 2004)											140	**Interrater agreement:** **ICC=0.74-0.89**	+	Adequate
PPP	United Kingdom (English) 1-18 (Hunt et al., 2007)	Saliva cortisol concentration	29	**Concurrent validity:** rs=0.375-0.451	-	Very good	NRS	29	**Concurrent validity:** r = 0.91	+	Very good	3	**Interrater agreement:** ICC= 0.62 (95%CI: 0.54-0.70) for a single rater; 0.83 (95%CI:0.78-0.88); range: 0.21-0.71, average: 0.45	+	Adequate
													Intrarater agreement ICC=0.90 (95%CI: 0.80-0.95, range: 0.21-1.0, average: 0.72)	+	Adequate
	Brazil (Brazilian Portuguese) 1-18 (Pasin et al., 2013)												**test-retest:** Adequate stability over time: no significant difference between test and retest (P = 0.271)	-	Doubtful
RPS	Canada (English) 5-10 (Mahon et al., 2015)						FPS-R	49	**Concurrent validity:** r = 0.96 (first), 0.97 (second), 0.93 (third) clinic visit κ = 1.0 (first), 0.95 (second), 0.87 (third) clinic visit	+	Very good	49	**Interrater agreement:** Exact agreement between choices made by the participants on both scales: 92% (first), 91% (second), and 87% (third) clinic visit	+	Doubtful
SSPedi	Canada (English) 8-18.7	SSPedi scores of more and	502	**Divergent validity: Significant** Mean difference = 7.8 (95% CI=6.4 to 9.2)	+	Very good						502	**test-retest:** ICC = 0.88 (95% CI=0.82 to 0.92)	+	Adequate

	Country (Study)	Age	Measure	N	Result	Rating	Quality	Measure	N	Result	Rating	Quality	N	Result	Rating	Quality
WBS	(Dupuis et al., 2018)		less symptomatic			+										
			FPS-R	502	**Convergent validity: Significant** Pain items r = 0.52 (95% CI = 0.46 to 0.59), P < .001	-	Very good									
	Lebanon (Arabic) (Badr Zahr et al., 2006)	4-10	OSBD-R (nurses)	45	**Convergent validity: Significant** r = 0.81, p<0.01	+	Very good	DOLLS	45	**Concurrent validity:** r = 0.90, p<0.01	+	Very good				
			FLACC (nurses)	45	**Convergent validity: Significant** r = 0.78, p<0.01	+	Very good									
			OSBD-R (parents)	45	**Convergent validity: Significant** r = 0.73, p<0.01	+	Very good									
			WBS (parents)	45	**Convergent validity: Significant** r = 0.79, p<0.01	+	Very good									
			systolic blood pressure	45	**Convergent validity: Significant** r = 0.59, 0.78, 0.91, p<0.001	+	Very good									
			heart rate	45	**Convergent validity: Significant** r = 0.82, 0.71, 0.85, p<0.01	+	Very good									
			oxygen saturation	45	Convergent validity: no correlation r = not reported, p = not reported	-	Very good									
	United States (English) (Holdsworth et al., 1997)	n.r.	OSBD	336	**Convergent validity: Significant** rs >= 0.807	+	Very good									
	United States (English) (West et al., 1994)	5-13											30	Interrater agreement: significant, value not reported	?	Doubtful
	United States (English) (Wiener et al., 2017)	7-21				Distress Thermometer checklist item: Pain	289	**Concurrent validity: Significant** r = 0.25 and r = 0.28, p<0.001	-	Adequate					

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