Table S1. Search Strategies for electronic databases.

Database	Search strategy
PubMed (MEDLINE)	#1 "Pain Measurement" [MESH] OR (Measurement, Pain) OR (Pain Measurements) OR (Pain Assessment) OR (Assessment, Pain) OR (Pain Assessments)
	#2 "Mouth" [MESH] OR (Oral Cavity) OR (Cavity, Oral) OR (Oral Cavity Proper) OR (Mouth Cavity Proper) OR (Cavitas oris propria)
	#3 "Anxiety" [MESH] OR "Angst" OR "Hypervigilance" OR "Nervousness" OR "Anxiousness"
	#4 "Depression" [MESH] OR "Depressive Symptoms" OR "Depressive Symptom" OR "Symptom, Depressive"
	#5 "Quality of Life" [MESH] OR "Life Quality" OR "Health-Related Quality Of Life" OR "Health Related Quality Of Life" OR "HRQOL"
	#6 "Behavior" [MESH] OR "Behaviors" OR "Acceptance Processes" OR "Acceptance Process" OR "Process, Acceptance", OR "Processes, Acceptance"
	#7 "Sleep" [MESH] OR "Sleeping Habits" OR "Sleep Habits" OE "Habit, Sleep" OR "Habits, Sleep" OR "Sleep Habit" OR "Sleeping Habit"
	#8 #1 AND #2 AND #3
	#9 #1 AND #2 AND #4
	#10 #1 AND #2 AND #3 AND #4
	#11 #1 AND #2 AND #5
	#12 #1 AND #2 AND #6

	#13 #1 AND #2 AND #7
SCOPUS	#1 "Pain Measurement" [MESH] OR (Measurement, Pain) OR (Pain Measurements) OR (Pain Assessment) OR (Assessment, Pain) OR (Pain Assessments)
	#2 "Mouth" [MESH] OR (Oral Cavity) OR (Cavity, Oral) OR (Oral Cavity Proper) OR (Mouth Cavity Proper) OR (Cavitas oris propria)
	#3 "Anxiety" [MESH] OR "Angst" OR "Hypervigilance" OR "Nervousness" OR "Anxiousness"
	#4 "Depression" [MESH] OR "Depressive Symptoms" OR "Depressive Symptom" OR "Symptom, Depressive"
	#5 "Quality of Life" [MESH] OR "Life Quality" OR "Health-Related Quality Of Life" OR "Health Related Quality Of Life" OR "HRQOL"
	#6 "Behavior" [MESH] OR "Behaviors" OR "Acceptance Processes" OR "Acceptance Process" OR "Process, Acceptance", OR "Processes, Acceptance"
	#7 "Sleep" [MESH] OR "Sleeping Habits" OR "Sleep Habits" OE "Habit, Sleep" OR "Habits, Sleep" OR "Sleep Habit" OR "Sleeping Habit"
	#8 #1 AND #2 AND #3
	#9 #1 AND #2 AND #4
	#10 #1 AND #2 AND #3 AND #4
	#11 #1 AND #2 AND #5
	#12 #1 AND #2 AND #6
	#13 #1 AND #2 AND #7

	#1 "Pain Measurement" [MESH] OR (Measurement, Pain) OR (Pain Measurements) OR (Pain Assessment) OR (Assessment, Pain) OR (Pain Assessments)
	#2 "Mouth" [MESH] OR (Oral Cavity) OR (Cavity, Oral) OR (Oral Cavity Proper) OR (Mouth Cavity Proper) OR (Cavitas oris propria)
	#3 "Anxiety" [MESH] OR "Angst" OR "Hypervigilance" OR "Nervousness" OR "Anxiousness"
	#4 "Depression" [MESH] OR "Depressive Symptoms" OR "Depressive Symptom" OR "Symptom, Depressive"
	#5 "Quality of Life" [MESH] OR "Life Quality" OR "Health-Related Quality Of Life" OR "Health Related Quality Of Life" OR "HRQOL"
Web of Science	#6 "Behavior" [MESH] OR "Behaviors" OR "Acceptance Processes" OR "Acceptance Process" OR "Process, Acceptance", OR "Processes, Acceptance"
	#7 "Sleep" [MESH] OR "Sleeping Habits" OR "Sleep Habits" OE "Habit, Sleep" OR "Habits, Sleep" OR "Sleep Habit" OR "Sleeping Habit"
	#8 #1 AND #2 AND #3
	#9 #1 AND #2 AND #4
	#10 #1 AND #2 AND #3 AND #4
	#11 #1 AND #2 AND #5
	#12 #1 AND #2 AND #6
	#13 #1 AND #2 AND #7

Table S2. Summary table of studies excluded in this comprehensive review

Excluded Studies	Exclusion Reasons
Menendez et al., 2016 [1]	Comprehensive Review
Hawker et al., 2011 [2]	Comprehensive Review
Hajihasani et al., 2019 [3]	Systematic Review
Khalid et al., 2012 [4]	Comprehensive Review
Xu et al., 2020 [5]	Comprehensive Review
Raja et al., 2020 [6]	Comprehensive Review
Lindsay et al., 2021 [7]	Comprehensive Review
Gorczyca et al., 2013 [8]	Comprehensive Review
Pigg et al., 2020 [9]	Comprehensive Review
Lin et al., 2022 [10]	Comprehensive Review
Sheng et al., 2017 [11]	Comprehensive Review
Michealides et al., 2019 [12]	Comprehensive Review
Rogers et al., 2022 [13]	Meta-analysis
Finan et al., 2014 [14]	Comprehensive Review

| Whibley et al., 2019 | Systematic Review |
| **[15]** | |

Table S3. Summary table of studies included in this comprehensive review

Authors and Year of Pubblication	Study Design	Assessment tool(s)	Subjects	Type of pain
Treister et al., 2019 **[16]**	Randomized Controlled Trial	VAS MPQ NPS PD-Q BAI BDI EIHS FMRIB	68	Sub-acute back pain (SBP) Chronic Low-back pain (CLBP)
Shafshak et al., 2021 **[17]**	Cross-sectional Study	VAS NRS	100	CLBP
Kendrick et al., 2005 **[18]**	Prospective Descriptive Trial Study	NRS	354	Acute pain (general)
Taddio et al., 2009 **[19]**	Randomized Controlled Trial	VAS	120	Due to immunization injections
Todd et al., 2017 **[20]**	Randomized Controlled Trial	VAS	48	Acute pain due to trauma
Closs et al., 2004 **[21]**	Comparative Study	VRS NRS FPS CAS MVAS	113	Acute and chronic pain (general)
Lewinson et al., 2013 **[22]**	Descriptive Laboratory Study	CVAS	36	Due to pathellofemoral pain syndrome
Ruskin et al., 2014 **[23]**	Cross-sectional Study	NRS CAS	143	Chronic pain (general)
Wikström et al., 2018 **[24]**	Repeted Measurement Study	NRS VRS	479	Nausea

Alghadir et al., 2018 **[25]**	Repeted Measurement Study	VAS NRS VRS	121	Ostheoarthritic pain
Jenkins et al., 2009 **[26]**	Correlational Study	VNRS VRS	50	Pruritus
Hicks et al., 2001 **[27]**	Randomized Controlled Trial	FPS		Acute and chronic pain (generic)
Suraseranivongse et al., 2005 **[28]**	Cross-validation Study	FPS VRS CHEOPS	87	Post-operative pain
Sun et al., 2015 **[29]**	Cross-validation Study	FPS-R CAS	62	Pain due to ASA I-III
Gulur et al., 2009 **[30]**	Cross-validation Study	CFPS	129	Acute and chronic pain (generic)
Fadayevatan et al., 2019 **[31]**	Cross-validation Study	FPS	217	Chronic knee pain
Lee et al., 2015 **[32]**	Comparative Study	RAS	60	Chronic spinal pain
Girandeau et al., 2004 **[33]**	Randomized Controlled Trial	VAS	85	Due to sciatica
Ferreira-Valente et al., 2011 **[34]**	Cross-validation Study	VAS NRS VRS FPS-R	127	Experimentally-induced pain
Thong et al., 2018 **[35]**	Cross-validation Study	NRS VAS VRS FPS-R	101	CLBP Knee pain

Miró et al., 2016 [36]	Randomized Controlled Trial	NRS VRS FPS	113	Acute and chronic pain (generic)
Malara et al., 2016 [37]	Prospective Observational Study	NRS PAINAD CSDD CMAI NPI	233	Acute and chronic pain (generic)
Ersek et al., 2010 [38]	Randomized Controlled Trial	CNPI PAINAD	60	Acute and chronic pain (generic)
Paulson-Conger et al., 2011 [39]	Descriptive, Comparative, Prospective Study	CPOT PAINAD	100	Acute and chronic pain (generic)
De-Figuerido et al., 2020 [40]	Randomized Controlled Trial	VAS VRS PIS	120	Orofacial pain (dental)
Tran et al., 2023 [41]	Cross-sectional Study	EDA Cold and electric pulp testing VAS	53	Orofacial pain (dental)
Odai et al., 2015 [42]	Cross-sectional Study	VAS FCT	185	Orofacial pain (dental)
Shah et al., 2012 [43]	Randomized Controlled Trial	VAS Swelling and trismus assessment Scale	60	Orofacial pain (dental)
Khatri et al., 2012 [44]	Comparative Study	VAS FPS	180	Orofacial pain (dental)
Versloot et al., 2004 [45]	Randomized Controlled Trial	DDQ	99	Orofacial pain (dental)
Felipak et al., 2020	Cross-sectional Study	DDQ	375	Orofacial pain (dental)

[46]				
Daher et al., 2015 **[47]**	Randomized Controlled Trial	DDQ	326	Orofacial pain (dental)
Senirkentli et al., 2021 **[48]**	Cross-sectional Study	DDQ	81	Orofacial pain (dental)
Mendonça et al., 2018 **[49]**	Validation Study	Body maps	80	Muscoloskeletal Pain
Aibel et al., 2023 **[50]**	Validation Study	Pelvic Pain Map GUP)	298	Chronic Pelvic Pain Syndrome (CPPS)
Elson et al., 2011 **[51]**	Validation Study	Photografic Knee Pain Map	70	Knee pain
Adamo et al., 2020 **[52]**	Case-control Clinical Study	OHIP-14 GOHAI VAS HAM-A HAM-D	52	Orofacial pain (mucosal)
Sevrain et al., 2015 **[53]**	Retrospective Clinical Study	DN4i HADS QDSA MPQ	35	Orofacial pain (mucosal)
Melzack et al., 1985 **[54]**	Clinical Trial	MPQ	145	Musculoskeletal pain
Kuliś et al., 2011 **[55]**	Validation Study	;MPQ SF-36	30	Musculoskeletal pain
Fontana Carvalho et al., 2020 **[56]**	Pilot Randomized Clinical Trial	MPQ VAS	20	CLBP
Renovato França et al., 2010	Randomized Controlled Trial	MPQ ODQ	30	CLBP

[57]				
Dworkin et al., 2015 **[58]**	Secondary Analysis Study	MPQ BPI HADS RMDQ	666	Acute LBP Radicular leg pain
Erdogan et al., 2019 **[59]**	Cross-sectional Study	Cold and electric pulp testing Percussion testing	228	Orofacial pain (dental)
Lewandowski et al., 2009 **[60]**	Randomized Controlled Trial	Pain diary RCADS MDD FPS Children'ss Activity Limitations Interview	93	Orofacial pain (headache) Chronic arthritis pain Due to sicke cell disease
Vertsberger et al., 2022 **[61]**	Observational Study	Pain diary	84	CLBP
Karoly et al., 2014 **[62]**	Observational Study	Interview Pain diary	131	Chronic pain (generic)
Gruszka et al., 2019 **[63]**	Remote app-based Study	Pain diary	205	Acute and chronic pain (generic)
Mitra et al., 2020 **[64]**	Clinical Trial	BPAT	400	Acute and chronic pain (generic)
Delgado et al., 2021 **[65]**	Randomized Controlled Trial	Frankl Behavior Rating Scale	100	Orofacial pain (dental or mucosal)
Gomarverdi et al., 2019 **[66]**	Cross-sectional Study	BPS CPOT	90	Acute and chronic pain (generic)
Ruscheweyh et al., 2012	Validation Study	PSQ	185	Chronic pain (generic)

		[67]			
Sellers et al., 2013 [68]	Observational Study	PSQ VAS	136	LBP
Bell et al., 2018 [69]	Comparative Study	PSQ VAS	57	Acute and chronic pain (generic)
Heary et al., 2020 [70]	Retrospective Study	PSQ MPQ	331	Due to nerve injury
Müller et al., 2017 [71]	Cross-sectional Study	NRS USRP MHI WHOQoL-BREF	834	Due to nerve injury
Kwan et al., 2016 [72]	Cross-sectional Study	SF-36	196	Due to spondyloarthritis
Kishi et al., 2005 [73]	Cohort Study	SF-36 Volatile sulfur compound concentration in mouth air	70	Halitosis
Campos et al., 2021 [74]	Two Cross-sectional Studies	OHIP-14	5266	Orofacial pain
Omara et al., 2021 [75]	Cross-sectional Study	OHIP-14	516	Orofacial pain Due to ostheoarthritis
Musskopf et al., 2018 [76]	Randomized Controlled Trial	OHIP-14	210	Orofacial pain (dental or mucosal)
Yule et al., 2015 [77]	Validation Study	RCD/TMD assessment OHIP-49	76	Orofacial pain (temporomandibular)
Serrano et al., 2022 [78]	Observational Cross-sectional Study	OHIP-14 VAS DMFT Sialometry	61	Due to Sjögren's syndrome

Chana et al., 2021 **[79]**	Cross-sectional Study	PCS PSEQ CPAQ	36	Orofacial pain (mucosal)
Lòpez-Jornet et al., 2008 **[80]**	Observational Study	OHIP-49	60	Orofacial pain
Kyle et al., 2016 **[81]**	Randomized Controlled Trial	HAM-D	86	Acute and chronic pain (generic)
Munhoz Carneiro et al., 2015 **[82]**	Randomized Controlled Trial	HAM-D MADS	91	Acute and chronic pain (generic)
Meltzer-Brody et al., 2009 **[83]**	Clinical Trial	VAS HAM-A HAM-D MPQ	43	Chronic Pelvic Pain
Donham et al., 1984 **[84]**	Cross-validation Study	STAI	219	Acute and chronic pain (generic)
Canfora et al., 2022 **[85]**	Case-control Study	VAS SF-MPQ BPI PD-Q BDI-II STAI PSQI ESS SF-36 OHIP-14	40	Orofacial (mucosal)
Zitser et al., 2022 **[86]**	Cross-validation Study	At-home sleep assessment PSQI	32	Acute and chronic pain (generic)

Freedland et al., 2019 [87]	Randomized Controlled Trial	BDI PROMIS®	158	Acute and chronic pain
Choi et al., 2014 [88]	Prospective Cohort Study	BDI HADS-D PHQ SF-36	546	Due to nerve injury
Chan et al., 2017 [89]	Validation Study	HADS-A HADS-D	160	Due to spondyloarthritis
Nipp et al., 2018 [90]	Randomized Trial	FACT-G HADS	237	Due to advanced cancer
Mitchell et al., 2010 [91]	Validation Study	VAS MPQ FSFI	18	Pelvic pain
Sikora et al., 2018 [92]	Observational Case-control Study	STAI BDI	93	Orofacial Pain
Malik et al., 2012 [93]	Clinical Trial	VAS HADS GHQ	100	Orofacial Pain
Burns et al., 2012 [94]	Randomized Controlled Trial	BPI PCS NRS Roland-Morris Disability Scale Center for Epidemiological Study RMDS Depression Assessment QoL Assessment	83	Chronic pain (generic)

Shi et al., 2022 [95]	Cross-sectional Study	TIPI	2223	Acute and chronic pain (generic)
Nunes et al., 2018 [96]	Cross-sectional Study	TIPI	333	Acute and chronic pain (generic)
Thørrisen et al., 2021 [97]	Cross-sectional Study	TIPI	5009	Acute and chronic pain (generic)
Huyan et al., 2021 [98]	Cross-sectional Study	TIPI VAS MPQ Zung's Self-Rating Depression Scale PCS Central Sensitization Inventory	248	Orofacial pain
Darnall et al., 2017 [99]	Cross-sectional Validation Study	PCS	519	Chronic pain (generic)
Cano et al., 2005 [100]	Preliminary Validation Study	PCS NRS	264	Acute and chronic pain (generic)
Roguli et al., 2014 [101]	Cross-sectional Study	OHIP-14 PCS	30	Orofacial
Walker et al., 2020 [102]	Retrospective Cohort Study	ESS	85	Acute and chronic pain (generic)
Sap-Anan et al., 2021 [103]	Validation Study	ESS BDI In-laboratory polysomnography ISI	95	Acute and chronic pain (generic)
Frohnhofen et al., 2009	Randomized Controlled Trial	ESS	458	Acute and chronic pain (generic)

[104]				
Damiani et al., 2013 **[105]**	Randomized Controlled Trial	ESS	225	Acute and chronic pain (generic)
Adamo et al., 2018 **[106]**	Case-Control Multicenter Study	PSQI ESS HAM-D HAM-A NRS T-PRI	200	Orofacial Pain
Kirmizigil et al., 2020 **[107]**	Randomized Controlled Trial	VAS MSQ PSQI	28	Pelvic Pain
Lee et al., 2020 **[108]**	Cross-sectional Study	NRS PSQI HADS	25	Orofacial Pain
Lee et al., 2022 **[109]**	Cross-sectional Study	BPI PSQI SCL-90	65	Orofacial Pain
Lopez-Jornet et al., 2014 **[110]**	Observational Study	VAS HADS OHIP-14 PSQI ESS	70	Orofacial Pain

Abbreviations (in alphabetical order): BAI, Beck's anxiety scale; BPI, brief pain inventory; CAS, color analogue scale; CMAI, Cohen-Mansfield agitation inventory; CNPI, checklist of nonverbal pain behaviors; CPAQ, chronic pain acceptance questionnaire; CPOT, critical-care pain observation tool; CSDD, Cornell scale for depression in dementia; CVAS, computerized visual analogue scale; DDQ, dental discomfort questionnaire; DMFT, decayed missing filled teeth; DN4i, douleur neuropathique 4-questionnaire; EDA, electrodermal activity; EIHS, Edinburgh inventory handedness scale; ESS, Epsworth sleepiness scale; FCT, full-cup test; FBRS, Frank's behavior rating scale; FPS, faces pain scale; FPS-R, faces pain scale revised; FACT-G, functional assessment of cancer therapy-general; FMRIB, functional magnetic resonance imaging of the brain; GHQ, general health questionnaire; GOHAI, general oral-health assessment index; GUPI, genitourinary pain index; HAM-A, Hamilton's anxiety rating scale; HAM-D, Hamilton's depression rating scale; HADS, hospital anxiety and depression scale; ISI, insomnia severity index; MADS, Montgomery-Asber

depression scale; MDD, major depressive disorder subscale; MPQ, McGill pain questionnaire; MSQ, menstrual symptoms questionnaire; MVAS, mechanical visual analogue scale; NPI, neuropsychiatric inventory; NPS, Washington neuropathic pain scale; NRS, numerical rating scale; ODQ, Oswestry disability questionnaire; OHIP-14, oral-health impact profile-14; PAINAD, pain assessment in advanced dementia; PD-Q, Pain DETECT questionnaire; PCS, pain catastrophizing scale; PHQ, patient health questionnaire depression module; PIS, periapical index score; PQDSA, questionnaire de la douleur de Saint-Antoine; PROMIS®, patient-reported outcomes measurement information system®; QDSA, questionnaire de la douleur de Saint-Antoine; RCADS, revised child anxiety and depression scale; RCD/TMD, research diagnostic criteria/temporomandibular disorders; RMDS, Roland-Morris disability scale center for epidemiological study; SF-36, short-form 36; SF-MPQ, short-form McGill pain questionnaire; SCL-90, symptoms checklist-90; STAI, state-trait anxiety index; T-PRI, total pain rating index; TIPI, ten-item personality inventory; USRP, Utrecht's scale of evaluation of participation; VAS, visual analogue scale; VNRS, verbal numeric rating scale; VRS, verbal rating scale; ZSDP, Zung's self-rating depression scale

Table S4. Criteria for judging risk of bias in the "Risk of bias" assessment tool.

Random Sequence Generation	
Criteria for a judgement of 'Low risk' of bias.	The investigators describe a random component in the sequence generation process.
Criteria for the judgement of 'High risk' of bias.	The investigators describe a non-random component in the sequence generation process. Usually, the description would involve some systematic, non-random approach. Other non-random approaches happen much less frequently than the systematic approaches mentioned above and tend to be obvious. They usually involve judgement or some method of non-random categorization of participants.
Allocation Concealment	
Criteria for a judgement of 'Low risk' of bias.	Participants and investigators enrolling participants could not foresee assignment because one of the following, or an equivalent method, was used to conceal allocation.
Criteria for the judgement of 'High risk' of bias.	Participants or investigators enrolling participants could possibly foresee assignments and thus introduce selection bias.
Blinding	
Criteria for a judgement of 'Low risk' of bias.	Any one of the following: - No blinding or incomplete blinding, but the review authors judge that the outcome is not likely to be influenced by lack of blinding; - Blinding of participants and key study personnel ensured, and unlikely that the blinding could have been broken; - No blinding of outcome assessment, but the review authors judge that the outcome measurement is not likely to be influenced by lack of blinding; - Blinding of outcome assessment ensured, and unlikely that the blinding could have been broken.
Criteria for the judgement of 'High risk' of bias.	Any one of the following: - No blinding or incomplete blinding, and the outcome is likely to be influenced by lack of blinding;

	- Blinding of key study participants and personnel attempted, but likely that the blinding could have been broken, and the outcome is likely to be influenced by lack of blinding; - No blinding of outcome assessment, and the outcome measurement is likely to be influenced by lack of blinding; - Blinding of outcome assessment, but likely that the blinding could have been broken, and the outcome measurement is likely to be influenced by lack of blinding.
Incomplete Outcome Data	
Criteria for a judgement of 'Low risk' of bias.	Any one of the following: - No missing outcome data; - Reasons for missing outcome data unlikely to be related to true outcome (for survival data, censoring unlikely to be introducing bias); - Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups; - For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk not enough to have a clinically relevant impact on the intervention effect estimate; - For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes not enough to have a clinically relevant impact on observed effect size; - Missing data have been imputed using appropriate methods.
Criteria for the judgement of 'High risk' of bias.	Any one of the following: - Reason for missing outcome data likely to be related to true outcome, with either imbalance in numbers or reasons for missing data across intervention groups; - For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk enough to induce clinically relevant bias in intervention effect estimate; - For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes enough to induce clinically relevant bias in observed effect size;

	- 'As-treated' analysis done with substantial departure of the intervention received from that assigned at randomization;
	- Potentially inappropriate application of simple imputation.

Selective Reporting

Criteria for a judgement of 'Low risk' of bias.	Any one of the following:
	- The study protocol is available and all of the study's pre-specified (primary and secondary) outcomes that are of interest in the review have been reported in the pre-specified way;
	- The study protocol is not available but it is clear that the published reports include all expected outcomes, including those that were pre-specified (convincing text of this nature may be uncommon).
Criteria for the judgement of 'High risk' of bias.	Any one of the following:
	- Not all of the study's pre-specified primary outcomes have been reported;
	- One or more primary outcomes is reported using measurements, analysis methods or subsets of the data (e.g., subscales) that were not pre-specified;
	- One or more reported primary outcomes were not pre-specified (unless clear justification for their reporting is provided, such as an unexpected adverse effect);
	- One or more outcomes of interest in the review are reported incompletely so that they cannot be entered in a meta-analysis;
	- The study report fails to include results for a key outcome that would be expected to have been reported for such a study.

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