

Table 2*Characteristics of the study*

The table below provides a detailed overview of key factors and attributes that define the framework and scope of the research. These characteristics are its authors, designs, methodology, aim, result, and level of evidence.

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/ Results	Intervention/ tools or devices used	Level of Evidence
Dixit & Lee (2022) United Kingdom	Quantitative	N=23 (patients tested under drug trial. N=30 (patients with chronic back pain).	Digital body template (manikin) Web-based tool.	Investigate the application of algorithms in comparing the anatomical locations of pain in people with various disease diagnoses or disorders.	Once converted into an HTML file, the generated output is displayed to create a visualization of pain across different regions using a web browser. Further, it can be archived as a CSV file.	Pain drawing using an HTML file	VI

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
Villa et al. (2020) Denmark	Quantitative	N=91. 53 females	Validated e-Questionnaires	Utilize an application to remotely check and document the intensity and distribution of pain and discomfort.	Variations were noted in pain reports in extent and intensity ratings, but the choice of quality descriptors and pain drawings remained stable. Importantly, pain intensity exceeded usual pain grade, suggesting that pain reporting aligned with periods of increased discomfort. Acceptance and user-friendly levels were similar between regular and non-regular users.	Web-based and traditional schemes.	VI

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/ Results	Intervention/ tools or devices used	Level of Evidence
Studenic et al. (2022) Denmark	Qualitative	N= 3100 patients with rheumatoid arthritis (RA)	Digital Body Application RheumaBuddy 4.0	Enhance and authenticate RheumaBuddy as an intelligent health tool customized to meet users' requirements	The application results from a comprehensive system showed feedback on both clinical and psychosocial aspects of coping with and managing the disease, along with addressing everyday practicalities related to living with RA	Web-based tool	VI
Plisinga et al. (2022) Australia	Qualitative	N=23 (majority of participants were 21 females, with pain experience from 8-24 months)	Digital full-body pain drawings, Bland–Altman plots. Visual assessment, and Jaccard index.	Evaluate the similarities in pain depictions between patients with greater trochanteric pain syndrome and their health providers.	The size of pain areas showed no significant differences in size, and shape was not significantly different.	Digital Pain Drawing	VI

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
Barbero et al. (2024) Switzerland	Qualitative	N=100 (50 female)	Pain recognition Algorithm used in estimating Pain Drawings (PD) and different scanning procedures.	Evaluated the consistency of manual pen-on-paper pain drawing analyses conducted by an automated algorithm for pain-spot recognition using various scanning techniques.	The findings of this analysis offer compelling support for both the relative and absolute reliability of the PE metric. This indicates a level of PE size that clinicians can confidently differentiate as a measurement error from an actual change in painful symptoms.	Pain drawings	VI
Ali et al. (2023) United Kingdom	Quantitative /Cross sectional	N=104 (87 female)	Smartphone-based pain manikin.	Evaluate the practicality and willingness of people to report their daily pain experiences using a pain depiction tool.	The use of a digital pain manikin for self-reporting pain is both practical and well-received.	Pain manikin app.	VI

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
Loque-Suarez et al. (2022) Spain	Quantitative /Cross sectional	N=186 (71 female)	Pain drawings, analyzed by software and Multiple linear regression models for evaluation.	Assess the correlation between digital pain and optimism, pessimism, recovery expectations, pain acceptance in people with musculoskeletal pain.	There was a significant relationship between digital pain extent and pain intensity. However, digital pain extent did not show any relation with emotional measures.	Digital assessment of pain using pain drawing	VI
Henderson et al. (2023) Timor-Leste	Qualitative	N=24 16 female and 8 males	Survey and Interview	Investigate participants' comprehension of sexual and reproductive health.	The body mapping technique revealed that there was a lack of knowledge and experience regarding male sexual and reproductive health (SRH) among the participants	Body mapping by using arts-based research and questionnaire	VII

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
Adiyanto et al. (2022) Netherlands	Quantitative	N=10 employed in the company	Survey and Interview	Collect data and assist regular workers in addressing health and safety hazards that may impact them.	Data collected through body mapping, offered insights into both workplace and health issues within the company. This data can inform preventive and protective measures and guide the implementation of solutions.	Questionnaire	VI
Egsgaard et al. (2016) Denmark	Mixed Method	N=41 41 females	Survey and Interview	Evaluate whether gender-specific and 3D body charts assist in pain communication among women.	The consistency between body charts was found to be high. Patients noted that three- dimensional body charts resulted in a	Computer tablet with two-dimensional (2D) body schemas, 3D high-resolution body schemas and Questionnaire.	VI

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					more accurate depiction of their pain due to its detailed representation of muscles and bone anatomy.		
Goldstein et al. (2020) USA	Qualitative	N=84 consists of different nationalities	Treatment results using two baselines, pre-randomization and pre-treatment of participants who completed smartphone assessments.	Create strategies to mitigate chronic back pain without relying on opioid medication.	The results could lead to development of an innovative artificial intelligence framework aimed at enhancing therapeutic strategies for chronic pain. This framework would integrate psychological and traditional biomedical approaches to treatment.	Mobile platform cliexa-EASE and the drawing tool	VI

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
<p>Serner et al. (2022) Qatar</p>	<p>Quantitative</p>	<p>N=167 (88 with single disorder of groin pain) and (79 had multiple disorders)</p>	<p>Pain recognition and Survey of Adult players with groin pain from any related sport activities at any level.</p>	<p>Examine self-reported pain characteristics among athletes with persistent groin issues.</p>	<p>Out of the 249 patients who completed pain drawings, 65 were eliminated due to recent groin surgery, 11 removed because they had undergone surgery in the same area of their groin pain, 5 were factored out due to hip-related issues, and 1 not included due to diagnosis classified as "other". Demographic details of the 167 patients included in the study are outlined.</p>	<p>Body Chart using pain drawing</p>	<p>IV</p>

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Marília et al. (2019) Brazil	Quantitative	N=31 participants	This was an intra-rater and inter-rater reliability study with a 4 steps protocol.	Determine whether examiners can replicate patients' pain drawings with satisfactory reliability.	Findings indicated that both intra- and inter-rater reliabilities were outstanding when examiners converted paper pain drawings into digitized formats.	Digitized Pain Drawing	III
Brigden et al. (2023) United Kingdom	Qualitative	N= 92 (39 were 6-11 years old), Pediatric participants aged five to seven years with Perthes Disease)	Search and screening procedures and Data Extraction	Recognize, outline, and assess the suitability of digital pain assessment instruments for use in children.	Underscored that few studies on digital pain assessment tools are designed for Pediatric patients 5-11 years old with persistent pain, with only four tools identified.	Digital tools: ePRO diary, Color Me Healthy app, email survey, PROMIS measure.	V

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
<p>van Schelven et al. (2023) Netherlands</p>	<p>Qualitative</p>	<p>N= 10 Patients with Physical condition from 16 to 25 years old</p>	<p>Visual arts method and Digital Body mapping</p>	<p>Investigate a group of young people regarding their challenges in managing their treatment and coping strategies.</p>	<p>Young people grappling with a persistent illness often face challenges in managing their treatment. While treatment can alleviate some of their struggles, it still brings about physiological, emotional, and autonomy-related issues. To cope, they use methods such as support from peers, maintaining a positive outlook, and engaging with a psychologist.</p>	<p>Map your Burden of Treatment (MyBoT) tool.</p>	<p>V</p>

Author, Year, Country	Design	Sample Size	Methods/Instruments	Aim	Findings/Results	Intervention/tools or devices used	Level of Evidence
Vaughan et al., (2023) Australia	Qualitative	N=35 people with anxiety	Body mapping and arts-based methods.	Contribute to the collection of qualitative insights regarding real-life encounters & experiences of anxiety.	Body maps and sticky notes documented a wide range of physical sensations linked to feelings of anxiety.	Body map using a large piece of paper or fabric.	V
Thomas et al. (2018) United Kingdom	Quantitative	N: 70 (2010) N: 53 (2013) N: 89 (2014)	Surveys and self-reported Body mapping.	Assess the prevalence of musculoskeletal disorders (MSDs) among waste collectors.	Back pain is not the sole notable form of musculoskeletal disorder (MSD) injury; discomfort in the shoulders and neck is equally significant.	Survey and Body Mapping	VI

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Muracki et al. (2019) Denmark	Mixed Method	N=24 male goalkeepers with at least 4 years playing time	Mixed Method: survey, experiment, body map drawing	Evaluate the sites and regions of pain experienced by the athletes and distinguish between pain originating from muscles (MP), joints (JP), or impact-related causes (IP), while also noting the frequency of occurrence.	There is a notable disparity in the locations of pain stemming from physical contact, muscle strain, and joint stress or injury.	Navigate Pain Android application	VI
Jud et al. (2010) Germany	Quantitative	N=343 Average: 52.1 (±12.4) breast cancer survivors	Cross-sectional survey	Approach to record, depict, and contrast pain experiences among cohorts of breast cancer patients.	There is a notable contrast in pain perception between patients undergoing Breast Chemotherapy versus Mastectomy.	Java-based program and questionnaire	VI

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<p>Ryan et al. (2021) Australia</p>	<p>Qualitative</p>	<p>N= 460 Women (aged 18-45)</p>	<p>survey, interview, and body-mapping data</p>	<p>Explore how women who harbor negative sentiments towards their premenstrual bodies conceptualize and undergo changes in eating and exercise habits during premenstrual phases, thereby disrupting their typical routines for body maintenance.</p>	<p>The findings indicated that these women typically practiced restrictive eating and rigorous exercise outside of the premenstrual phase. During the premenstrual period, these behaviors were interrupted by cravings, increased hunger, fatigue, pain, and physical discomfort.</p>	<p>Body Mapping data</p>	<p>V</p>