

Pediatric Pain Questionnaire

(To be used with patients who can not use the numerical scale themselves)

1. Does your child tell you that he/she hurts, or do you know it by how he/she acts?

2. Where do you think your child hurts?

3. If you know that your child is in pain because of how your child acts, describe your child's actions in a way that the therapist can recognize it.

4. How often do you think that your child is in pain?
 Every day 2-3x/ week
 Once a week 4-7 x/ wk

5. What time of day is your child's pain the worst?
 When first waking up
 Same all through the day
 After activity
 In the evenings

6. Is there any thing that relieves your child's pain?

7. Is there anything which makes your child's pain worse?

8. Is there anything else that you would like your child's therapist to know?

