Pediatric Pain Questionnaire

*Understanding your pain*

This questionnaire is to help us learn about your pain. We want to understand your past pain so we can diagnose and treat you.

This questionnaire and any information given in interviews will remain private. If you do not wish to answer a question, write, "do not wish to answer" in the space provided.

Please print or write clearly.

Today's date: ________________________________________________________________________

Your name: _________________________________________________  Age: _________________

What words would you use to describe your pain or hurt? _____________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Circle the words below that best describe your pain, or the way you feel when you are in pain.

<table>
<thead>
<tr>
<th>cutting</th>
<th>pounding</th>
<th>tingling</th>
<th>tiring</th>
<th>deep</th>
</tr>
</thead>
<tbody>
<tr>
<td>squeezing</td>
<td>throbbing</td>
<td>horrible</td>
<td>stabbing</td>
<td>burning</td>
</tr>
<tr>
<td>pulling</td>
<td>sickening</td>
<td>biting</td>
<td>screaming</td>
<td>scraping</td>
</tr>
<tr>
<td>aching</td>
<td>uncomfortable</td>
<td>cold</td>
<td>miserable</td>
<td>stretching</td>
</tr>
<tr>
<td>pricking</td>
<td>hot</td>
<td>scared</td>
<td>lonely</td>
<td>jumping</td>
</tr>
<tr>
<td>pinching</td>
<td>unbearable</td>
<td>sad</td>
<td>itching</td>
<td>grabbing</td>
</tr>
<tr>
<td>stinging</td>
<td>sharp</td>
<td>sore</td>
<td>flashing</td>
<td>pins and needles</td>
</tr>
</tbody>
</table>
From the words you wrote or circled, which three words best describe the pain you are feeling right now?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Rate how you feel now. If you have no pain put a mark at the end of the line by the happy face. If you have some pain, put a mark near the middle of the line. If you have a lot of pain, put a mark by the sad face.

Not hurting Hurting a whole lot
No discomfort _____________________________________________ Very uncomfortable
No pain

Rate the worst pain you had this week. If you had no pain this week, put a mark at the end of the line by the happy face. If the pain you had was some hurting, put a mark by the middle of the line. If the worst pain you had was a whole lot of pain, put a mark by the sad face.

Not hurting Hurting a whole lot
No discomfort _____________________________________________ Very uncomfortable
No pain

Severe pain

Pick colors that mean **no hurt**, **a little hurt**, **more hurt**, and **a lot of hurt** to you and color in the boxes. Now, using those colors, color in the body to show how you feel.

No pain  
No hurt  
Mild pain  
A little hurt  
Moderate pain  
More hurt  
Severe pain  
A lot of hurt