



**PAIN QUESTIONNAIRE
FOR CHILDREN AND
ADOLESCENTS**



AODOLESCENT VERSION

German Paediatric Pain Centre
Children`s and Adolescent`s Hospital, Datteln
Witten/Herdecke University
Dr. Friedrich-Steiner-Str. 5
45711 Datteln

Fon: 0049 2363 975 180
Fax: 0049 2363 975 181

E-Mail: info@deutsches-kinderschmerzzentrum.de
Web: www.deutsches-kinderschmerzzentrum.de
www.facebook.com/DeutschesKinderschmerzzentrum

Pain Questionnaire for Children and Adolescents
Adolescent Version – Follow-up, Version 3.0

© Prof. Dr. B. Zernikow, Münster

Design: Dirk Pleyer, 1:BEIDE, Bochum
Layout: RDN Agentur für PR, Recklinghausen



Hi,

This questionnaire should help us find out how you have been since our last appointment.

If you have any questions, just ask us.

1. DATE:

2. YOUR NAME:

YOUR PAIN THERAPY

3. HAS YOUR PAIN PROBLEM CHANGED SINCE OUR LAST APPOINTMENT? PLEASE READ ALL DESCRIPTIONS CAREFULLY AND MARK THE ONE THAT DESCRIBES YOUR PAIN BEST.

a) I have

- experienced pain in the last month
- not experienced pain for more than 1 month

If so, for how long have you not had pain anymore?

If you do **not have pain anymore**, you only need to fill out some of the following questions.

- for 1–2 months please answer questions 4 to 8.
- for 2–3 months please answer questions 4 to 8.
- more than 3 months please answer question 4.

If you **still have pain**, please answer all questions.

b) Compared to our last appointment I am experiencing pain ...

- much less frequently
- as frequently as during our last appointment
- a bit more frequently
- a bit less frequently
- much more frequently

c) Compared to our last appointment my pain is ...

- much less
- as intense as during our last appointment
- a bit more intense
- a bit less
- much more intense

6. DID YOUR PAIN KEEP YOU FROM DOING THINGS YOU WANTED TO DO DURING THE PAST 3 MONTHS (E.G. GO ON HOLIDAY, HORSEBACK RIDING)?

yes no

If so, what was it?

.....

.....

.....

7. DID THE PAIN KEEP YOU FROM ATTENDING SCHOOL DURING THE PAST 3 MONTHS?

no yes, on days I did not attend school.

8. DID THE PAIN CAUSE YOU TO LEAVE CLASS EARLY OR ATTEND CLASS LATE DURING THE PAST 3 MONTHS?

no yes, on days I left class early / started late.

If you do **not have pain anymore** you need not to answer the following questions.

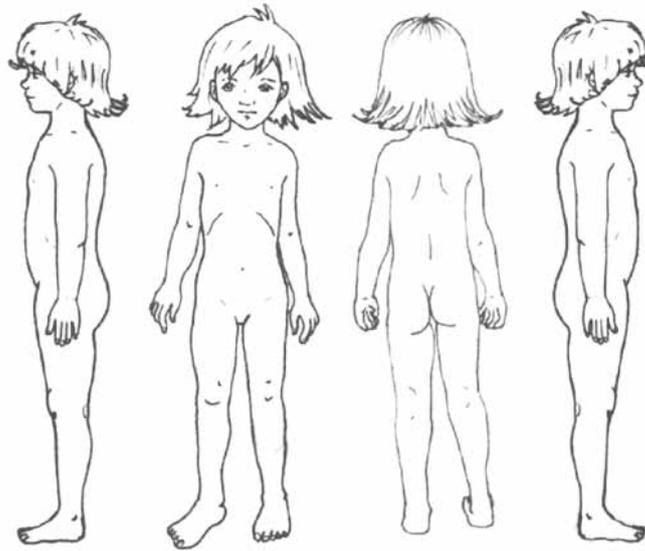
INFORMATION ON YOUR PAIN

YOUR PAIN – NOW

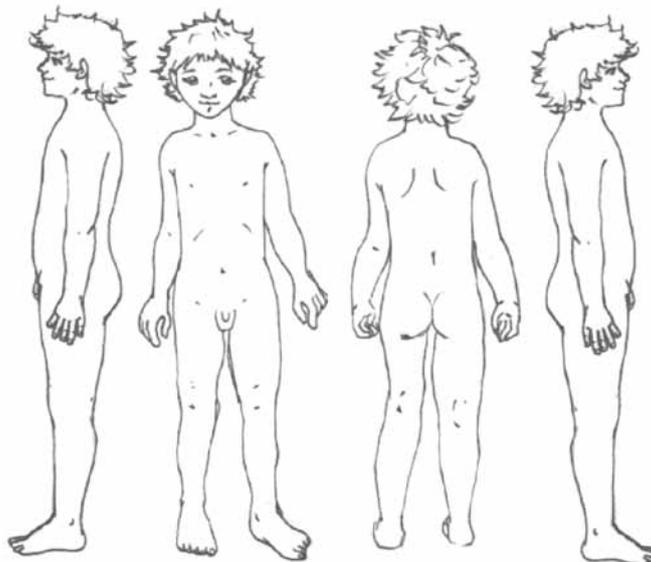
9. PLEASE MARK („X“) THE AREA(S) THAT ARE PAINFUL.

10. PLEASE ALSO MARK THE AREA WITH THE STRONGEST PAIN WITH A CIRCLE (“○”) (MAIN PAIN LOCATION).

GIRLS



BOYS

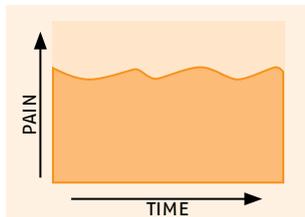


11. HOW OFTEN DO YOU EXPERIENCE YOUR MAIN PAIN (MARKED WITH A „○“)?

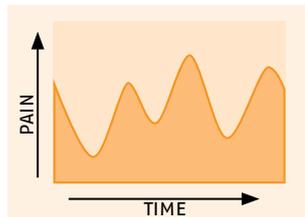
- | | |
|------------------------------------|---------------------------------------------|
| <input type="radio"/> once a year | <input type="radio"/> several times a year |
| <input type="radio"/> once a month | <input type="radio"/> several times a month |
| <input type="radio"/> once a week | <input type="radio"/> several times a week |
| <input type="radio"/> once a day | <input type="radio"/> several times a day |
| <input type="radio"/> permanently | |

12. WHICH PICTURE BEST MATCHES YOUR MAIN PAIN IN THE PAST 7 DAYS?

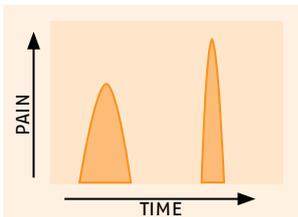
Please read all descriptions carefully and mark the picture that describes your pain best.



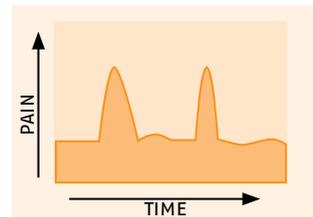
- My pain is permanently there and never gone. Pain intensity is always similar and varies little.



- My pain is permanently there and never gone. Pain intensity is always different and varies strongly.



- My pain is sometimes there and other times gone. There are times without pain.



- My pain is permanently there and never gone. There are times with very intense pain that occur like additional attacks.

13. HOW LONG DOES YOUR MAIN PAIN GENERALLY LAST?

- | | |
|-----------------------------------|----------------------------------------|
| <input type="radio"/> minutes | More specifically, about minutes |
| <input type="radio"/> hours | More specifically, about hours |
| <input type="radio"/> days | More specifically, about days |
| <input type="radio"/> permanently | |

In the following we would like to learn a bit more about your **main pain** (the one you marked with a circle („○“) in the body diagram).

You can use the numbers to indicate how strong your pain is: **0** means that you have no pain. Starting with **1** is a light pain, and it is getting stronger with the following numbers up to **10**. **10** means that you have the strongest pain.

PLEASE THINK BACK TO THE **PAST 4 WEEKS** FOR THE FOLLOWING TWO QUESTIONS.

14. HOW STRONG WAS YOUR STRONGEST PAIN (MARKED WITH A „○“) IN THE PAST 4 WEEKS?

PLEASE MARK THE NUMBER THAT FITS BEST. MARK ONLY **ONE** NUMBER!

0 1 2 3 4 5 6 7 8 9 10

no
pain

worst
pain

15. WHEN YOU WERE EXPERIENCING THE PAIN, HOW STRONG WAS THIS PAIN MOSTLY DURING THE PAST 4 WEEKS?

PLEASE MARK THE NUMBER THAT FITS BEST. MARK ONLY **ONE** NUMBER!

0 1 2 3 4 5 6 7 8 9 10

no
pain

worst
pain

16. DID YOU HAVE PERMANENT PAIN DURING THE PAST 4 WEEKS (THAT MEANS, THE PAIN IS ALWAYS THERE AND NEVER GONE)?

- yes, my pain is always there and never gone
- no, my pain is sometimes there and sometimes gone

PLEASE THINK BACK TO THE **PAST 7 DAYS** FOR THE FOLLOWING TWO QUESTIONS.

17. HOW STRONG WAS YOUR **STRONGEST PAIN** IN THE **PAST 7 DAYS**?

PLEASE MARK THE NUMBER THAT FITS BEST. MARK ONLY **ONE** NUMBER!

0 1 2 3 4 5 6 7 8 9 10

no
pain

worst
pain

18. WHEN YOU WERE EXPERIENCING THE PAIN, HOW STRONG WAS THIS PAIN **MOSTLY** DURING THE **PAST 7 DAYS**?

PLEASE MARK THE NUMBER THAT FITS BEST. MARK ONLY **ONE** NUMBER!

0 1 2 3 4 5 6 7 8 9 10

no
pain

worst
pain

19. DID YOU HAVE **PERMANENT PAIN** DURING THE **PAST 7 DAYS** (THAT MEANS, THE PAIN IS **ALWAYS THERE** AND **NEVER GONE**)?

- yes, my pain is always there and never gone
- no, my pain is sometimes there and sometimes gone

20. WHAT DO YOU DO WHEN YOU ARE IN PAIN? HOW WELL DOES IT WORK?

.....

.....

.....

.....

21. IS THERE ANYTHING THAT MAKES YOUR PAIN WORSE?

- yes
- no

If so, by what does your pain get worse?

.....

.....

.....

.....

22. WITH THE FOLLOWING LIST OF WORDS YOU CAN DESCRIBE IN DETAIL HOW YOU EXPERIENCE YOUR PAIN. PLEASE DO NOT SKIP ANY OF THE DESCRIPTIONS, AND MARK EACH ROW WITH A CROSS INDICATING HOW MUCH EACH STATEMENT APPLIES TO YOU.

I EXPERIENCE MY PAIN AS ...				
	Fully applies	Mostly applies	Applies somewhat	Does not apply
cruel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
killing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
miserable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dreadful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
horrible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tormenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
terrible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
unbearable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
burning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
beating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stabbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
throbbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pulsating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IMPLICATIONS OF THE PAIN FOR YOU AND YOUR DAILY LIFE

23. WHEN YOU WERE IN PAIN, HOW OFTEN DURING THE PAST 4 WEEKS DID IT IMPAIR YOU IN THE FOLLOWING ACTIVITIES? PLEASE CIRCLE THE MOST APPROPRIATE NUMBER.

	NEVER	SELDOM	SOMETIMES	OFTEN	ALWAYS
Enjoying family life	1	2	3	4	5
Eating/appetite	1	2	3	4	5
Meeting friends	1	2	3	4	5
Sports	1	2	3	4	5
Sleeping	1	2	3	4	5
Watching T.V.	1	2	3	4	5
Reading	1	2	3	4	5
Homework (or: painting, handicraft)	1	2	3	4	5
School attendance	1	2	3	4	5
Going to the cinema (or: playground)	1	2	3	4	5
Favourite activity	1	2	3	4	5
Disliked activities	1	2	3	4	5

CAN YOU THINK OF SOMETHING ELSE WHERE YOUR PAIN IMPAIRS YOU? OR WOULD YOU LIKE TO DESCRIBE ONE TOPIC WITH SOME MORE DETAIL? YOU CAN WRITE IT DOWN HERE:

.....

.....

.....

23. DURING THE **PAST 7 DAYS**, DID THE PAIN KEEP YOU FROM PERFORMING **EXHAUSTING** PHYSICAL EXERCISE, SUCH AS RUNNING, CYCLING, LIFTING HEAVY THINGS, OR PLAYING EXHAUSTING SPORTS?

no yes, on days

24. DURING THE **PAST 7 DAYS**, DID THE PAIN KEEP YOU FROM PERFORMING **MODERATE** PHYSICAL EXERCISE, SUCH AS CLIMBING SEVERAL FLIGHTS OF STAIRS, BENDING DOWN, FAST WALKING, OR LIFTING?

no yes, on days

25. DURING THE **PAST 7 DAYS**, DID THE PAIN KEEP YOU FROM PERFORMING **LIGHT** PHYSICAL EXERCISE, SUCH AS WALKING, SITTING OR STANDING?

no yes, on days

IS THERE ANYTHING ELSE YOU WISH TO TELL US CONCERNING YOUR PAIN, OR ANYTHING ELSE YOU CONSIDER IMPORTANT? YOU CAN WRITE IT DOWN HERE.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

THANK YOU!

