



**PAIN QUESTIONNAIRE
FOR CHILDREN AND
ADOLESCENTS**



Child Version

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

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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. NAME:

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

I have...

- not experienced pain for more than 1 month.

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

- for 1–2 months
- for 2–3 months
- more than 3 months

If you do **not have pain anymore**, we would like you to answer question 4. You do not need to answer the other questions.

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

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

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

4. HOW SATISFIED ARE YOU WITH YOUR PAIN TREATMENT? PLEASE READ ALL DESCRIPTIONS CAREFULLY AND MARK THE ONE THAT FITS BEST.

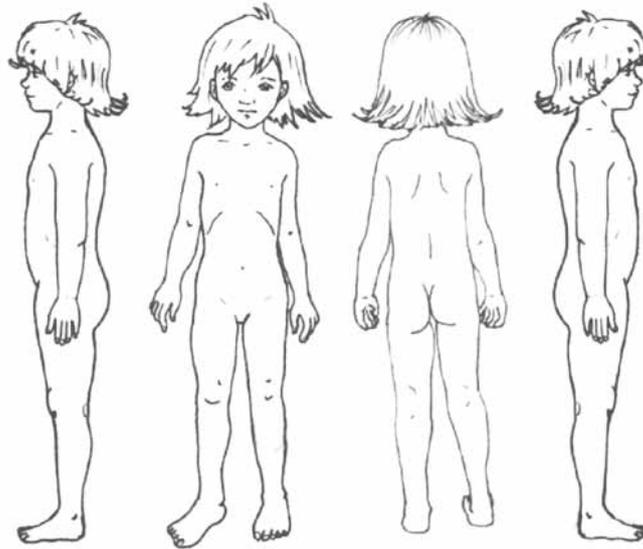
I am ...

- very satisfied with my pain treatment
- a bit satisfied with my pain treatment
- a bit unsatisfied with my pain treatment
- very unsatisfied with my pain treatment

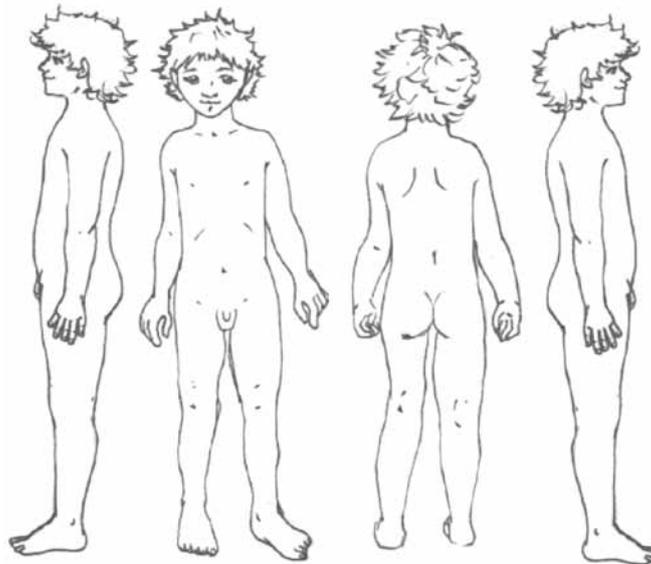
5. PLEASE MARK („X“) THE AREA(S) THAT ARE PAINFUL.

6. PLEASE ALSO DRAW A CIRCLE (“○“) AROUND THE AREA THAT HURTS THE MOST. THAT IS WHAT WE CALL THE MAIN PAIN LOCATION.

GIRLS



BOYS



7. DID YOU HAVE **PERMANENT PAIN IN 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

FILLING OUT THE QUESTIONS WITH THE FACES – HOW DOES IT WORK?

The faces show how much something hurts. The first face, on the very left side, shows that it does not hurt at all. It means you have no pain. The other faces show that it hurts more and more up to the last face, on the very right side, which shows that it hurts very much.

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).

8. **HOW STRONG WAS YOUR STRONGEST PAIN IN THE PAST 7 DAYS?**
PLEASE MARK THE FACE THAT FITS BEST. ONLY MARK **ONE** FACE!



9. **WHEN YOU WERE EXPERIENCING THE PAIN, HOW STRONG WAS THIS PAIN MOSTLY DURING THE PAST 7 DAYS?**
PLEASE MARK THE FACE THAT FITS BEST. ONLY MARK **ONE** FACE!



10. **WHAT DO YOU DO WHEN YOU ARE IN PAIN?**

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11. **WHAT DO YOUR PARENTS DO WHEN YOU ARE IN PAIN?**

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THANK YOU!

