PAIN QUESTIONNAIRE
FOR CHILDREN AND
ADOLESCENTS

CHILD VERSION
Hi,

We would like to ask you a few things about your pain. With your answers you help us to better understand your pain.

If you do not understand one question, just ask an adult. Let's get started!

1. DATE:

2. YOUR NAME:

3. YOUR AGE:
4. PLEASE MARK („X“) THE AREA(S) THAT ARE PAINFUL.

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

6. DO YOU HAVE PERMANENT PAIN (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).

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

![Faces showing pain intensity]

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

![Faces showing pain intensity]

9. HOW DOES YOUR PAIN FEEL?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) My pain is deep inside me and is pressing (dull)</td>
<td>○</td>
<td>○</td>
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<tr>
<td>b) My pain pricks like a needle (spiky/stabbing)</td>
<td>○</td>
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<td>c) My pain occurs all of a sudden</td>
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<tr>
<td>d) My pain beats like my heart (pulsating)</td>
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<td>e) My pain burns like a fire or like a stinging nettle</td>
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<td>○</td>
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<tr>
<td>f) When I am in pain everything tightens (crampy)</td>
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<td>○</td>
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Or does it feel different? How exactly?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
10. **WHERE DO YOU THINK YOUR PAIN IS COMING FROM OR WHAT THE REASON FOR YOUR PAIN IS?**

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

12. **WHAT DO YOUR PARENTS DO WHEN YOU ARE IN PAIN?**
PLEASE DRAW A PICTURE OF YOUR PAIN OR WRITE DOWN WHAT YOU THINK ABOUT YOUR PAIN.

THANK YOU!