PAIN QUESTIONNAIRE
FOR CHILDREN AND
ADOLESCENTS

PARENT VERSION
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Pain Questionnaire for Children and Adolescents
Parent Version – Follow-up, Version 3.0
© Prof. Dr. B. Zernikow, Münster

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

This questionnaire should help us find out how your child has been since our last appointment. Please contact us if you have any questions.

Your Pain Management Team

GENERAL INFORMATION ON THE CHILD AND THE FAMILY

INFORMATION ON PARENTS

1. DATE:

2. The questionnaire is filled out by:
   - [ ] mother
   - [ ] father
   - [ ] other:

Information on the child

3. NAME:

4. AGE:  5. DATE OF BIRTH:
6. **In your opinion, has your child's pain problem changed since our last appointment?**

   a) My child...

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

         If so, for how long has he/she not had pain anymore?

   **If he/she does not have pain anymore, you only need to fill out some of the following questions.**

      - for 1-2 months please answer questions 7 to 13
      - for 2–3 months please answer questions 7 to 13
      - more than 3 months please answer question 7

   **If your child still has pain, please answer all questions.**

   b) Compared to our last appointment, my child is experiencing pain...

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

   c) Compared to our last appointment, my child's pain is...

      - much less
      - as intense as during our last appointment
      - a bit more
      - much more
7. HOW SATISFIED ARE YOU WITH YOUR CHILD’S PAIN TREATMENT? PLEASE DO NOT ONLY CONSIDER THE PAIN RELIEF BUT ALSO FURTHER SYMPTOMS, POSSIBLE SIDE EFFECTS, YOUR CHILD’S PHYSICAL AND EMOTIONAL STATE AND HOW WELL YOUR CHILD FUNCTIONS IN THE FAMILY AND IN SCHOOL.

Please describe how satisfied you are by means of the numbers. 0 means that you are very unsatisfied. 10 means that you are very satisfied with your child’s pain treatment.

Please mark the appropriate number. Mark only one number!

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>very unsatisfied</td>
<td>very satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify the reasons for this satisfaction rating:

8. HOW OFTEN DID YOU HAVE A DOCTOR/ THERAPIST APPOINTMENT DUE TO YOUR CHILD’S PAIN IN THE PAST 3 MONTHS?

- [ ] never
- [ ] about ................. appointments during the past 3 months
9. DID YOUR CHILD TAKE ANY PAIN MEDICATION IN THE PAST 3 MONTHS?

- [ ] yes  
- [ ] no

If so, please enter the following information:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DOSE RATE AND APPLICATION (tablets, drops, suppository, puffs)</th>
<th>HOW OFTEN PER DAY? AS REQUIRED?</th>
<th>HOW OFTEN PER MONTH?</th>
<th>HOW EFFECTIVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ibuprofen</td>
<td>300 mg oral solution</td>
<td>1x</td>
<td>3 days a month</td>
<td>3</td>
</tr>
</tbody>
</table>

10. DID YOUR CHILD RECEIVE ANY ADDITIONAL TREATMENT IN THE PAST 3 MONTHS IN ORDER TO RELIEVE THE PAIN (E.G. RELAXATION TECHNIQUES, ACUPUNCTURE, ELECTRIC NERVE STIMULATION (TENS), PHYSIOTHERAPY, MASSAGES, PSYCHOTHERAPY, INJECTIONS, NERVE BLOCKS, CURE / REHABILITATION, OPERATIONS)?

- [ ] yes
- [ ] no

If so, which one(s):

<table>
<thead>
<tr>
<th>TIME PERIOD</th>
<th>TREATMENT</th>
<th>HOW EFFECTIVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>Learning a relaxation technique</td>
<td>3</td>
</tr>
<tr>
<td>February till October 2008</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. DID THE PAIN KEEP YOUR CHILD FROM DOING THINGS HE/SHE WANTED TO DO DURING THE PAST 3 MONTHS (E.G. TO GO ON HOLIDAY, HORSEBACK RIDING)?

☐ yes  ☐ no

If so, please explain:

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12. DID THE PAIN KEEP YOUR CHILD FROM ATTENDING SCHOOL (OR DAY CARE) DURING THE PAST 3 MONTHS?

☐ no  ☐ yes, on ............ days my child did not attend school (day care).

13. DID THE PAIN CAUSE YOUR CHILD TO LEAVE CLASS EARLY OR ATTEND CLASS/DAY CARE LATE DURING THE PAST 3 MONTHS?

☐ no  ☐ yes, on ............ days my child left class early / started late.
If your child has no pain any more, you need not to answer the following questions!

YOUR CHILD’S PAIN CHARACTERISTICS

CURRENT PAIN

14. PLEASE MARK („X“) YOUR CHILD’S PAIN AREA(S).

15. PLEASE ALSO MARK THE AREA WITH THE STRONGEST PAIN WITH A CIRCLE („⊙“) (MAIN PAIN LOCATION).

16. HOW OFTEN DOES YOUR CHILD’S MAIN PAIN (MARKED WITH A „⊙“) OCCUR?

- once a year
- several times a year
- once a month
- several times a month
- once a week
- several times a week
- once a day
- several times a day
- permanently
17. WHICH PICTURE BEST MATCHES YOUR CHILD’S MAIN PAIN IN THE PAST 7 DAYS?

- My child has permanent pain. Pain intensity varies little.
- My child has permanent pain. Pain intensity varies strongly.
- My child’s pain always returns, i.e. they appear sporadic or in attacks. There are also times without pain.
- My child has permanent pain. Occasionally, there are additional, stronger pain attacks.

18. HOW LONG DOES YOUR CHILD’S MAIN PAIN GENERALLY LAST?

- minutes, more specifically, about ........ minutes
- hours, more specifically, about ........ hours
- days, more specifically, about ........ days
- permanently

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

You can use the numbers to indicate how strong your child’s pain is: 0 means that your child has no pain. Starting with 1 is a light pain and it is getting stronger with the following numbers up to 10. 10 means that your child has the strongest pain.

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

19. HOW STRONG DO YOU THINK YOUR CHILD’S STRONGEST PAIN WAS IN THE PAST 4 WEEKS?

PLEASE MARK THE APPROPRIATE NUMBER. MARK ONLY ONE NUMBER!

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>no pain</td>
<td>worst pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20. WHEN YOUR CHILD WAS EXPERIENCING THE MAIN PAIN, HOW STRONG, DO YOU THINK, WAS THIS PAIN MOSTLY WITHIN THE PAST 4 WEEKS?

PLEASE MARK THE APPROPRIATE NUMBER. MARK ONLY ONE NUMBER!

0 ............... 1 ............... 2 ............... 3 ............... 4 ............... 5 ............... 6 ............... 7 ............... 8 ............... 9 ............... 10

no pain worst pain

21. DID YOUR CHILD HAVE PERMANENT PAIN DURING THE PAST 4 WEEKS (I.E. THE PAIN WAS ALWAYS THERE AND NEVER GONE)?

☐ yes, my child’s pain was always there and never gone
☐ no, the pain was sometimes there and sometimes gone

PLEASE THINK BACK TO THE PAST 7 DAYS FOR THE FOLLOWING THREE QUESTIONS:

22. HOW STRONG DO YOU THINK YOUR CHILD’S STRONGEST MAIN PAIN WAS IN THE PAST 7 DAYS?

PLEASE MARK THE APPROPRIATE NUMBER. MARK ONLY ONE NUMBER!

0 ............... 1 ............... 2 ............... 3 ............... 4 ............... 5 ............... 6 ............... 7 ............... 8 ............... 9 ............... 10

no pain worst pain

23. WHEN YOUR CHILD WAS EXPERIENCING THE MAIN PAIN, HOW STRONG, DO YOU THINK, WAS THIS PAIN MOSTLY WITHIN THE PAST 7 DAYS?

PLEASE MARK THE APPROPRIATE NUMBER. MARK ONLY ONE NUMBER!

0 ............... 1 ............... 2 ............... 3 ............... 4 ............... 5 ............... 6 ............... 7 ............... 8 ............... 9 ............... 10

no pain worst pain

24. DID YOUR CHILD HAVE PERMANENT PAIN DURING THE PAST 7 DAYS (I.E. THE PAIN WAS ALWAYS THERE AND NEVER GONE)?

☐ yes, my child’s pain was always there and never gone.
☐ no, the pain was sometimes there and sometimes gone.
25. You can describe your child’s pain more clearly with the following list of words. Please do not skip any of the descriptions, and **mark each row with a cross indicating how much each statement applies to your child**.

### IN MY OPINION, MY CHILD’S PAIN IS...

<table>
<thead>
<tr>
<th></th>
<th>fully applies</th>
<th>mostly applies</th>
<th>applies somewhat</th>
<th>does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>cruel</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>killing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>miserable</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>dreadful</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>horrible</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>tormenting</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>terrible</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>unbearable</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>burning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>beating</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>stabbing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>throbbing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>pressing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>pulsating</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### HANDLING THE PAIN

26. What does your child do when he/she is in pain?

27. What do you do when your child is in pain?
### General and Physical Impairment Due to Pain

28. Which of the following activities of your child were impaired due to pain during the past 4 weeks? Please circle the most appropriate number. (In brackets you find alternative activities for pre-school children):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoying family life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Eating/appetite</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Meeting friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sports</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sleeping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Watching T.V.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Homework (or: painting, handicraft)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>School attendance (or: day care)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Going to the cinema (or: playground)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Favourite activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Disliked activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Are there other situations in which the pain handicaps or impairs your child? Or would you like to describe one topic with some more detail?
29. DURING THE PAST 7 DAYS, DID THE PAIN KEEP YOUR CHILD FROM PERFORMING EXHAUSTING PHYSICAL EXERCISE, SUCH AS RUNNING, CYCLING, LIFTING HEAVY THINGS, OR PLAYING EXHAUSTING SPORTS?

○ no  ○ yes, on ..................... days

30. DURING THE PAST 7 DAYS, DID THE PAIN KEEP YOUR CHILD FROM PERFOMING MODERATE PHYSICAL EXERCISE, SUCH AS CLIMBING SEVERAL FLIGHTS OF STAIRS, BENDING DOWN, FAST WALKING, OR LIFTING.

○ no  ○ yes, on ..................... days

31. DURING THE PAST 7 DAYS, DID THE PAIN KEEP YOUR CHILD FROM PERFOMING LIGHT PHYSICAL EXERCISE, SUCH AS WALKING, SITTING OR STANDING?

○ no  ○ yes, on ..................... days

ARE THERE OTHER SITUATIONS IN WHICH THE PAIN HANDICAPS OR IMPAIRS YOUR CHILD? OR WOULD YOU LIKE TO DESCRIBE ONE TOPIC WITH SOME MORE DETAIL?

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THANK YOU!