## Child Pain Questionnaire Understanding your pain

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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 no wish to answer" in the space provided.

Please print or	write clearly.			
Today's date: _				
Child's name:		Age: Name of School		
Circle the word	ds below that best desc	ribe your pain, o	r the way you feel wh	nen you have pain.
Cutting	Pounding	Tingling	Tiring	Deep
Squeezing	Throbbing	Horrible	Stabbing	burning
Pulling	Sickening	Biting	Screaming	Scraping
Aching	Uncomfortable	Cold	Miserable	Stretching
Pricking	Hot	Scared	Lonely	Jumping
Pinching	Unbearable	Sad	Itching	Grabbing
Stinging	Sharp	Sore	Flashing	Pins and needles

From the words you wrote or circled, which three words best describe your hurting feeling in now?	rıght

Rate **how you are feeling 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.



Rate **the worst pain you have had this week.** If you have 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.



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.

