

Children's pain questionnaire

Children's Pain Management Service

Last reviewed: July 2024

Next review: July 2027

Information for Patients, Parents and Carers

Leaflet number: 367 Version: 3

Please fill in this questionnaire and bring it with you on your first appointment

It will help us understand more about your pain problems. Answer as much as you can, but it does not matter if you do not have all the information.

Personal information

Your Name

Your Date of Birth

Your up-to-date contact numbers:

Home:.....

Mobile:.....

Your parent/carers up-to-date contact number and email address:

Mobile:.....

Email:.....

Who lives at home with you and what are their ages:.....

.....

What school do you go to and what year are you in:.....

.....

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Have you missed any school due to the pain?

YES

NO

If yes, how much school have you missed?.....
.....

Medical history

When did your pain begin?.....
.....
.....

What made the pain start?.....
.....
.....

Previous operations

| Date | Details |
|------|---------|
| | |
| | |
| | |

Previous major illness

| Date | Details |
|------|---------|
| | |
| | |
| | |

Previous treatment/physiotherapy (including any investigations/tests)

| Date | Details |
|------|---------|
| | |
| | |
| | |
| | |

What medications have you taken for your pain in the past?

Key to 'did they work' scale:

0 = Not at all

1 = Just a little

2 = They worked fairly well

3 = They were good

4 = They were very good

| Medicine | Dose | How often | Did they work (0 - 4) | Start date |
|----------|------|-----------|--------------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Who have you been to see about your pain in the past?

.....

Have you had any input from other services for issues other than pain? (for example, speech, and language, CAMHS, social services) Please explain why these were involved:

.....

.....

What treatment/physiotherapy are you having now?

.....

If you are seeing a physiotherapist, what is their name and what hospital/centre do you see them at?

.....

.....

Do you give permission for our team to contact them if needed?

YES

NO

Current medical history

Are you seeing any other professionals at the moment? For example, speech and language, CAMHS, social services. Please explain why these were involved:

.....

.....

What medicines are you taking now for your pain?

Key to 'Did they work' scale

0 = Not at all

1 = Just a little

2 = They worked fairly well

3 = They were good

4 = They were very good

| Medicine | Dose | How often | Did they work (0 to 4) | Start date |
|----------|------|-----------|---------------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Your pain

Circle the answer that fits best

How often do you get your pain?

| | | |
|-----------------------|------------|--------------|
| Only sometimes | Often | All the time |
| (1 or 2 times a week) | (Everyday) | (Constantly) |

How long does a pain attack last?

| | | | | |
|---------|---------|-------|------|--------------|
| Seconds | Minutes | Hours | Days | All the time |
|---------|---------|-------|------|--------------|

Are there times when you have no pain?

| | |
|-----|----|
| YES | NO |
|-----|----|

If yes how long do these pain free periods of time last?

| | | | |
|-------|------|-------|--------|
| Hours | Days | Weeks | Months |
|-------|------|-------|--------|

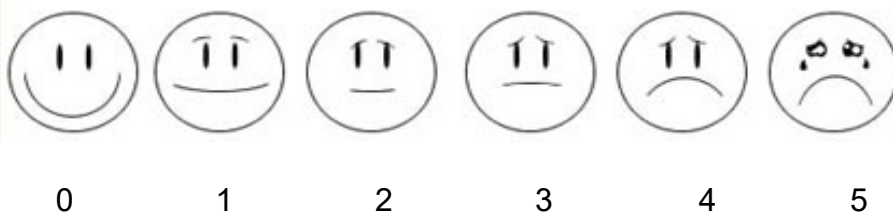
How often do you worry that you will do something that will make your pain worse?

| | | | | |
|-------|-------------|-----------|-------|--------|
| Never | Hardly Ever | Sometimes | Often | Always |
|-------|-------------|-----------|-------|--------|

What makes the pain worse?.....
.....

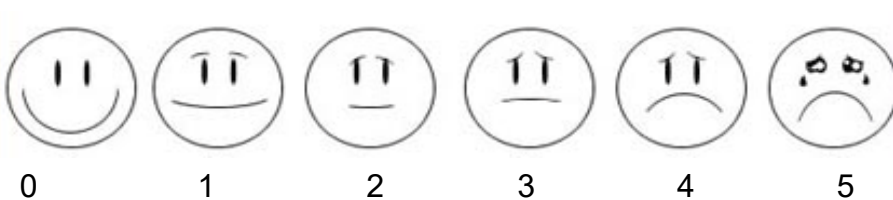
What makes the pain better?
.....

Using the numbers 0-5 with 0 being no pain and 5 being the worse pain, or the faces below, how bad is your pain usually?



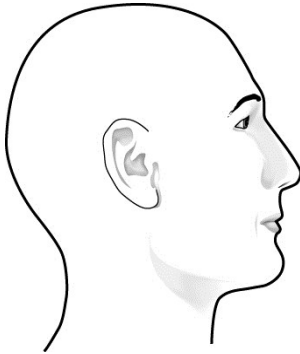
Using the same scale how bad is your pain today?

Date

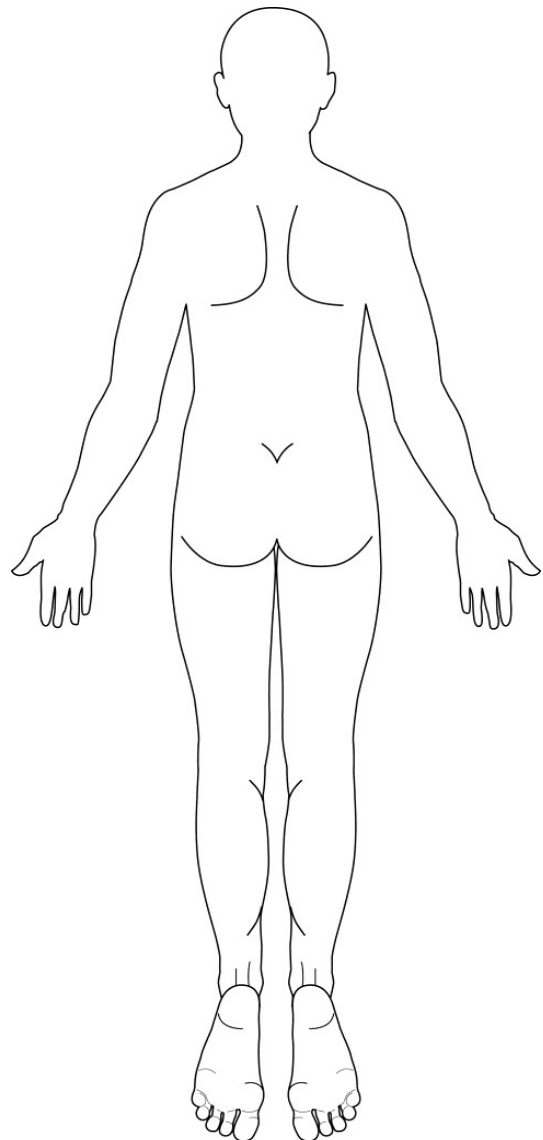
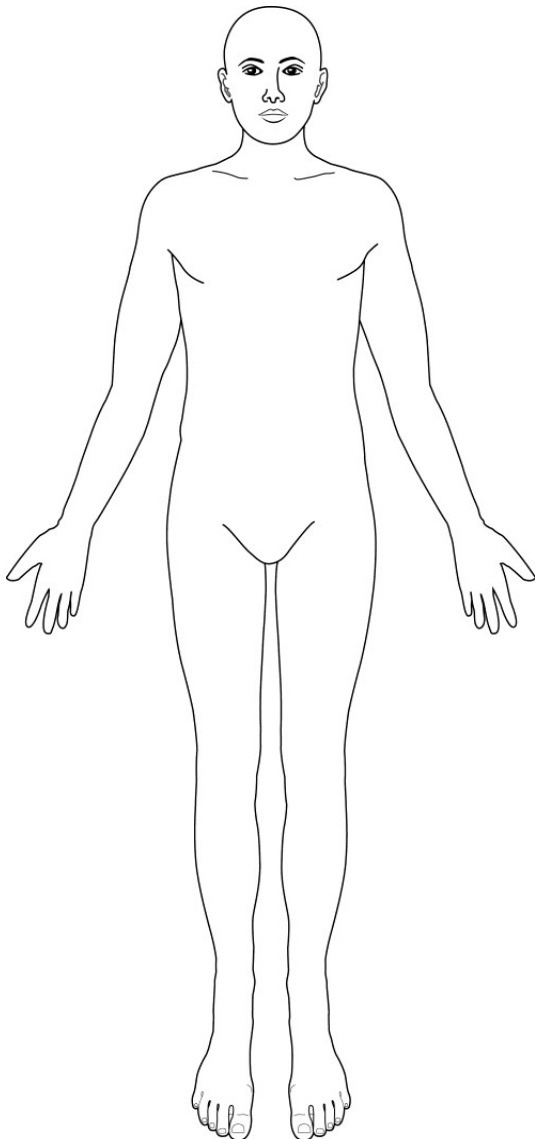
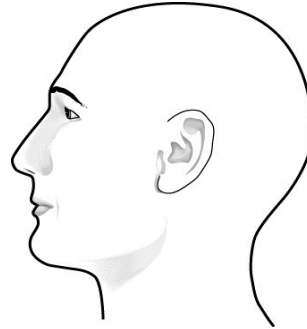


Please mark an 'x' on the exact place where you are having pain now. If there is more than one painful place mark them as '1', '2', '3' etc., starting with the most painful place as '1'.

Right side of head



Left side of head





Are there any other signs or symptoms with your pain? Such as feeling or being sick (nausea and vomiting, dizziness, feeling faint, anxiety, fast breathing, etc. Please describe them:.....

Have you ever noticed any warning signs before the pain starts? e.g. stiffness, particular thoughts or statements, physical feelings or irritability?

How does your pain make you feel?

What activities do you still enjoy doing?

If your pain was to disappear, how would your life be different?

How do you think the pain clinic may be able to help you?

Thank you for completing this questionnaire

The Childrens Pain Team 0116 258 5015

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk