Comprehensive Sickle Cell Centers	Pediatric Pain Questionnaire Child Form (8-12)	
Collaborative Data Project	Date Form Completed:   PQC8:FORMDA   PQC8:FORMMO   PQC8:FORMYR   DD   MMM   YYYY	CSCC {subject.name}  Center code: {center.name}  Hospital code: {center.hospital.name}

What words would you use to describe your pain or hurt?

PQC8:PAINWRD

Using a metric ruler, measure the distance of the subject's mark from the left-hand anchor on the line of the paper form completed by the patient. In the box below, enter the number in millimeters. Measure to the nearest whole millimeter. A mark drawn exactly on the left-hand anchor (No pain) should be entered as 0 and a mark drawn exactly on the right-hand anchor should be entered as 100 (Severe Pain).

Now: PQC8:PAINNOW

This Week: PQC8:PAINWK

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