

<p>Comprehensive Sickle Cell Centers</p>	<p>Pediatric Pain Questionnaire Parent of Child Form (8-12)</p>	
<p>Collaborative Data Project</p>	<p>Date Form Completed: <input type="text" value="PQP8:FORMDA"/> / <input type="text" value="PQP8:FORMMO"/> / <input type="text" value="PQP8:FORMYR"/> DD MMM YYYYY</p>	<p>CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}</p>

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

Using a metric ruler, measure the distance of the parent's mark from the left-hand anchor on the line of the paper form completed by the parent. 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:

Past Week: