Comprehensive Sickle Cell Centers	Pediatric Pain Questionnaire Parent of Child Form (8-12)	
Collaborative Data Project	Date Form PQP8:FORMDA / PQP8:FORMMO / PQP8:FORMYR Completed: DD MMM YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

What words would y	you use to describe y	our child's	nain or hurt?
what words would	you use to acsorbe y		pain or nurt:

PQP8:PAINWRD

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: PQP8:PAINNOW

Past Week: PQP8:PAINWK

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