

Comprehensive Sickle Cell Centers	Pediatric Pain Questionnaire Parent of Teen Form (13-18)	
Collaborative Data Project	Date Form Completed: <input type="text" value="PQPT:FORMDA"/> / <input type="text" value="PQPT:FORMMO"/> / <input type="text" value="PQPT:FORMYR"/> DD MMM YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

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:

<input type="button" value="Submit Query"/>	<input type="button" value="Cancel"/>	Form Completion Help	<input type="button" value="Print"/>
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