Comprehensive Sickle Cell Centers	Pediatric Pain Questionnaire Parent of Young Child Form (5-7)	
Collaborative Data Project	Date Form PQP5:FORMDA / PQP5:FORMMO / PQP5:FORMYR Completed: DD MMM YYYY	CSCC {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

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

PQP5: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: PQP5:PAINNOW

Past Week: PQP5:PAINWK

Submit Query Cancel Form Completion Help

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