Comprehensive Sickle Cell Centers	Pediatric Pain Questionnaire Teen Form (13-18)	
Collaborative Data Project	Date Form Completed: PQCT:FORMDA / PQCT:FORMMO / PQCT: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 pain or hurt?

PQCT: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: PQCT:PAINNOW

This Week: PQCT:PAINWK

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