

<b>Comprehensive Sickle Cell Centers</b>	<b>Pediatric Pain Questionnaire Young Child Form (5-7)</b>	
<b>Collaborative Data Project</b>	Date Form Completed: <input type="text" value="PQC5:FORMDA"/> / <input type="text" value="PQC5:FORMMO"/> / <input type="text" value="PQC5:FORMYR"/> DD                      MMM                      YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

**Young Child Form (5-7)**

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

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:

This Week:

Form Completion Help