Pediatric Pain– Short Form

Please respond to each question or statement by marking one box per row.

In the past 7 days…	Never	Almost never	Sometimes	Often	Almost always
NQPAIped01 — I had a lot of pain…………………………	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped02 — My pain was so bad that I needed to take medicine for it…………………………	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped03 — I missed school when I had pain…………	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped04 — I had so much pain that I had to stop what I was doing…………………………….	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped05 — I hurt all over my body…………………...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped06 — I had pain………………………………	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped08 — I had trouble sleeping when I had pain…..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped09 — I had trouble watching TV when I had pain…………………………………	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
NQPAIped10 — It was hard for me to play or hang out with my friends when I had pain…………	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

In the past 7 days…	Few seconds	Few minutes	Few hours	Few days (less than a week)	More than a week
NQPAIped07 — When you had pain, how long did it last?..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

English
March 14, 2014