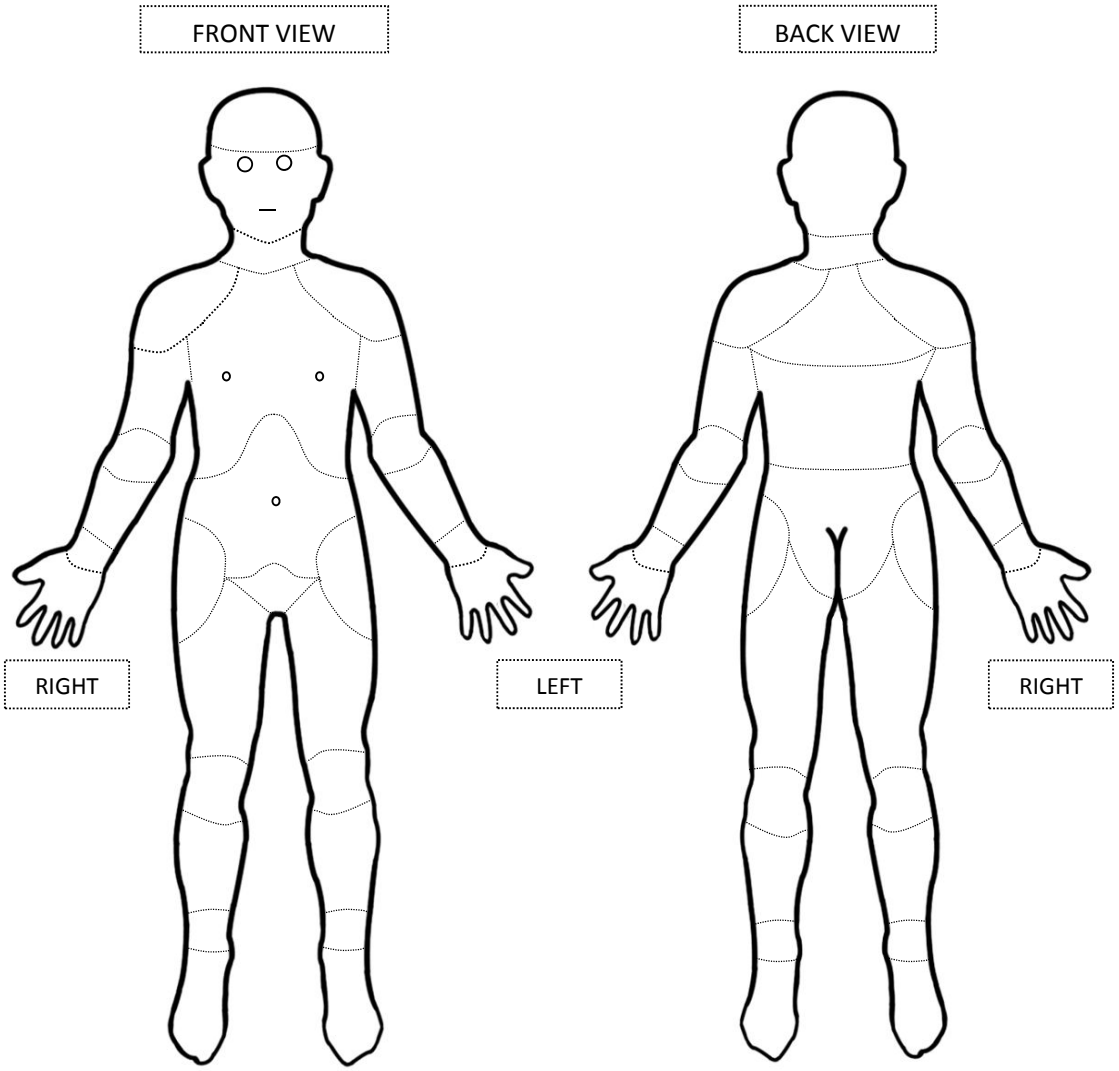
For patients aged 13 years and over	Name: …….. Today's date: ……..

Adolescent Questionnaire

Your pain

On the diagram below, put an X on the ONE area that hurts the most.
Shade in any other areas where you feel pain.



Office use only

Main pain	☐ Head (exc face)	☐ Forearm	☐ Knee	**Other pain**	☐ Head (exc face)	☐ Forearm	☐ Knee
	☐ Face/jaw/temple	☐ Wrist	☐ Calf		☐ Face/jaw/temple	☐ Wrist	☐ Calf
	☐ Throat/neck	☐ Hand	☐ Ankle		☐ Throat/neck	☐ Hand	☐ Ankle
	☐ Shoulder	☐ Abdomen	☐ Foot		☐ Shoulder	☐ Abdomen	☐ Foot
	☐ Chest	☐ Hip	☐ Upper back		☐ Chest	☐ Hip	☐ Upper back
	☐ Upper arm	☐ Groin/pubic area	☐ Mid back		☐ Upper arm	☐ Groin/pubic area	☐ Mid back
	☐ Elbow	☐ Thigh	☐ Low back		☐ Elbow	☐ Thigh	☐ Low back

Pain Chart Source: Childhood Arthritis and Rheumatology Research Alliance, www.carragroup.org
von Baeyer CL et al, *Pain Management*, 2011;1(1):61-68.

Which statement best describes your pain? (tick one box only)

☐ Always present (always the same intensity)

☐ Always present (intensity varies)

☐ Often present (pain free periods last less than 6 hours)

☐ Occasionally present (pain occurs once to several times per day, lasting up to an hour)

☐ Rarely present (pain occurs every few days or weeks)

Rate your pain by circling the one number that best describes the following:	
a) Your **worst** pain in the last week?	0 1 2 3 4 5 6 7 8 9 10 No pain — Pain as bad as you can imagine
b) Your **least** pain in the last week?	0 1 2 3 4 5 6 7 8 9 10 No pain — Pain as bad as you can imagine
c) Your **usual** pain in the last week?	0 1 2 3 4 5 6 7 8 9 10 No pain — Pain as bad as you can imagine
d) How much pain do you have **right now**?	0 1 2 3 4 5 6 7 8 9 10 No pain — Pain as bad as you can imagine

BAPQ 5

There are many possible ways that pain can affect the lives of young people. Below are some statements that may or may not apply to you. Please read each statement and put a cross in the box (x) under the word that describes how often you have experienced each of these things in the **LAST TWO WEEKS**. Please make sure that you answer all questions

Please tell us about any specific worries or concerns you have about your pain

		Never	Hardly ever	Some times	Often	Always
1	I worry about my pain problem	☐	☐	☐	☐	☐
2	I avoid activities that cause pain	☐	☐	☐	☐	☐
3	When I think about my pain, it makes me upset	☐	☐	☐	☐	☐
4	Pain scares me	☐	☐	☐	☐	☐
5	I worry that I will do something to make my pain worse	☐	☐	☐	☐	☐
6	When I have pain, I think something harmful is happening	☐	☐	☐	☐	☐
7	I am afraid to move due to pain	☐	☐	☐	☐	☐

FDI

When people are sick or not feeling well it is sometimes difficult for them to do their regular activities. In the **past two weeks**, would you have had **any physical trouble or difficulty doing these activities?**

		No trouble	A little trouble	Some trouble	A lot of trouble	Impossible
1	Walking to the bathroom	0	1	2	3	4
2	Walking up stairs	0	1	2	3	4
3	Doing something with a friend (for example, playing a game)	0	1	2	3	4
4	Doing chores at home	0	1	2	3	4
5	Eating regular meals	0	1	2	3	4
6	Being up all day without a nap or rest	0	1	2	3	4
7	Riding the school bus or traveling in the car	0	1	2	3	4
Remember, you are being asked about difficulty due to physical health						
8	Being at school all day	0	1	2	3	4
9	Doing activities in gym class (or playing sports)	0	1	2	3	4
10	Reading or doing homework	0	1	2	3	4
11	Watching TV	0	1	2	3	4
12	Walking the length of a football field	0	1	2	3	4
13	Running the length of a football field	0	1	2	3	4
14	Going shopping	0	1	2	3	4
15	Getting to sleep at night and staying asleep	0	1	2	3	4

Functional Disability Inventory (FDI), Walker and Greene *Journal of Pediatric Psychology*, 1991;16(1):39-58.

PedsQL™

Paediatric Quality of Life Inventory

Version 4.0 – Australian English

TEENAGER REPORT (ages **13-18**)

DIRECTIONS

On the following page is a list of things that might be a problem for you. Please tell us **how much of a problem** each one has been for you in the **LAST MONTH** by circling:

0 if it is **never** a problem
1 if it is **almost never** a problem
2 if it is **sometimes** a problem
3 if it is **often** a problem
4 if it is **almost always** a problem

There are no right or wrong answers.
If you do not understand a question, please ask for help.

*In the **LAST MONTH**, how much of a **problem** has this been for you …*

ABOUT MY HEALTH AND ACTIVITIES ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. It is difficult for me to walk more than 100 metres	0	1	2	3	4
2. It is difficult for me to run	0	1	2	3	4
3. It is difficult for me to play sport or do exercise	0	1	2	3	4
4. It is difficult for me to lift something heavy	0	1	2	3	4
5. It is difficult for me to have a bath or shower by myself	0	1	2	3	4
6. It is difficult for me to help around the house	0	1	2	3	4
7. I get aches and pains	0	1	2	3	4
8. I have low energy	0	1	2	3	4

ABOUT MY FEELINGS ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. I feel afraid or scared	0	1	2	3	4
2. I feel sad	0	1	2	3	4
3. I feel angry	0	1	2	3	4
4. I have trouble sleeping	0	1	2	3	4
5. I worry about what will happen to me	0	1	2	3	4

HOW I GET ALONG WITH OTHERS ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. I have trouble getting along with other teenagers	0	1	2	3	4
2. Other teenagers do not want to be my friend	0	1	2	3	4
3. Other teenagers tease me	0	1	2	3	4
4. I cannot do things that other people my age can do	0	1	2	3	4
5. It is hard to keep up with other teenagers	0	1	2	3	4

ABOUT SCHOOL ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. It is hard to pay attention in class	0	1	2	3	4
2. I forget things	0	1	2	3	4
3. I have trouble keeping up with my school work	0	1	2	3	4
4. I am away from school because I feel sick	0	1	2	3	4
5. I am away from school to go to the doctor or hospital	0	1	2	3	4