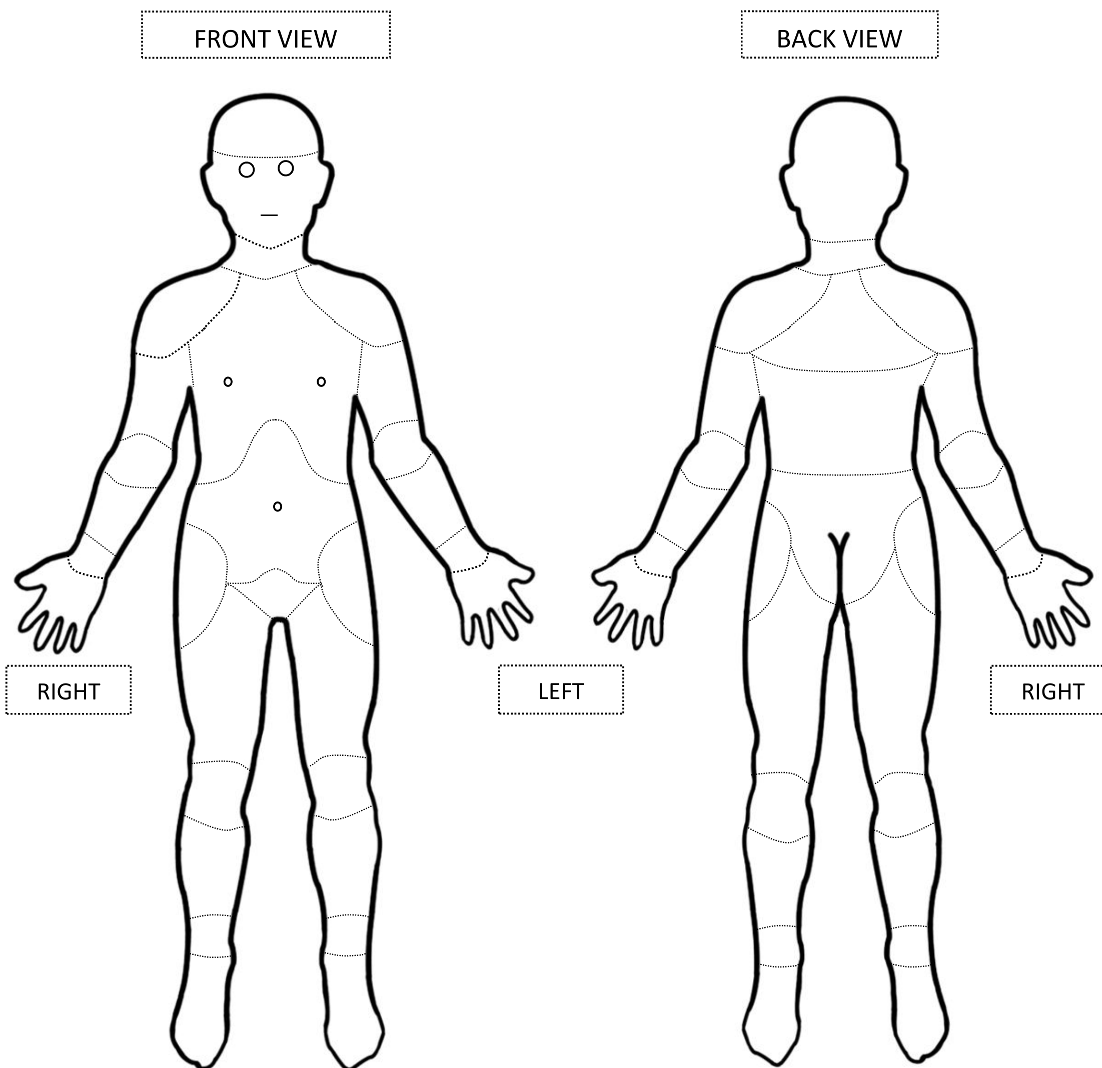
For children aged 8-12 years	Name: ………………………………………… Today's date: …………………………………

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

- ☐ I always have pain
- ☐ I always have pain but the amount changes
- ☐ I often have pain
- ☐ I sometimes have pain but not all day
- ☐ I sometimes have pain but not every day

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

Brief Pain Inventory severity questions, reproduced with acknowledgment of the Pain Research Group, the University of Texas MD Anderson Cancer Centre USA.

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

CHILD REPORT (ages **8-12**)

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.

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*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 a few houses from home (about 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 kids	0	1	2	3	4
2. Other kids do not want to be my friend	0	1	2	3	4
3. Other kids tease me	0	1	2	3	4
4. I cannot do things that other kids my age can do	0	1	2	3	4
5. It is hard to keep up when I play with other kids	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

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