PAI
For children 13-18 years

Parent/Carer Initial Questionnaire

Section 1 – Parent/Carer/Guardian Information

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss	**Family name (surname):**	**Given name(s):**
Today's date: _ _ /_ _ /_ _ _ _	**Email address:**	
Postcode:	**Gender:** ☐ Male ☐ Female	
Relationship to child: ☐ Parent/Step-parent ☐ Relative (e.g. grandparent, kinship carer) ☐ Foster carer ☐ Other		
Do you require help with written or spoken communication? ☐ Yes ☐ No		

Section 2 – Information about your child

Family name (surname):	**Given name(s):**	**Gender:** ☐ Male ☐ Female
Date of birth: _ _ / _ _ /_ _ _ _	**Height (in cm):**	**Weight (in kg):**
Country of Birth: ☐ Australia ☐ New Zealand ☐ Other (please specify)		

Is your child of Aboriginal, Torres Strait Islander or Maori origin? (more than one may be ticked)

☐ No ☐ Yes, Torres Strait Islander

☐ Yes, Aboriginal ☐ Yes, Maori

What is your child's current level of school?

☐ Preschool ☐ Primary school ☐ Secondary school ☐ Other

How did your child's main pain begin? (please select one box only)

☐ Injury ☐ After surgery ☐ Illness

☐ No known cause ☐ Other ………………………

How long has your child's main pain been present? (tick one box only)

☐ Less than 3 months ☐ 3 to 12 months ☐ More than 12 months

Is there a current or potential legal case relating to your child's pain problem? (e.g. workers compensation, public liability) ☐ Yes ☐ No

Is this the first time your child has attended a specialist pain service? ☐ Yes ☐ No

Does your child have any of the following health problems?

☐ A chronic disease (e.g. arthritis, inflammatory bowel disease, rare disease of childhood)

☐ A mental health condition (e.g. depression, anxiety, eating disorder, ADHD)

☐ Cancer, now or in the past

☐ Other health problems

Please specify ……………………………………………………………………………………….

Does your child have any of the following pre-existing disabilities (separate from his or her pain)?

☐ Sight impairment ☐ Intellectual disability

☐ Hearing impairment ☐ Physical disability

☐ Other disabilities (please specify) ……………………………………………………………

How many school days has your child missed in the previous school term because of pain? ……………… days

How many days of paid work has your child's carer/s missed in the previous school term due to your child's pain? ……………… days

Is your child currently in paid employment? ☐ Yes ☐ No

If yes, does pain affect the number of hours your child is able to work? ☐ Yes ☐ No

Which statement best describes your child's 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)

Was your child able to complete his or her questionnaire? ☐ Yes ☐ No

If no, please specify the reason:

☐ Refused ☐ Too young

☐ Cognitively unable to complete ☐ Non-English speaking

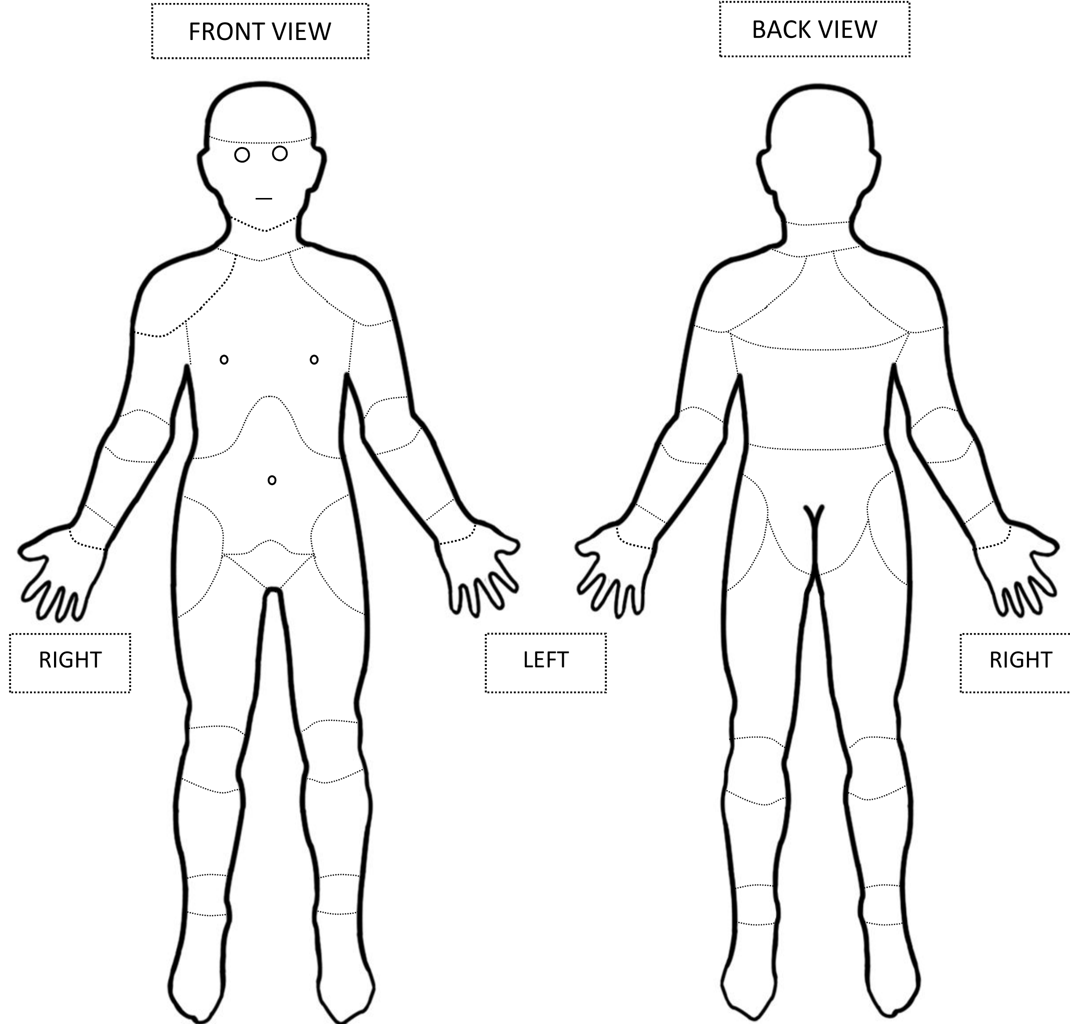
☐ Physically unable to complete ☐ Other (please specify) …………………………..

Section 3 – Health care		
1	How many times in the **past 3 months** has your child seen a general practitioner in regard to pain?	.... times
2	How many times in the **past 3 months** has your child seen a medical specialist (e.g. paediatrician, surgeon) in regard to pain?	.... times
3	How many times in the **past 3 months** has your child seen health professionals other than doctors (e.g. physiotherapist, psychologist) in regard to pain?	.... times
4	How many times in the **past 3 months** has your child seen other therapists (e.g. naturopath, chiropractor) in regard to pain?	.... times
5	How many times in the **past 3 months** has your child visited a hospital emergency department in regard to pain? Include all visits regardless of whether or not your child was admitted to the hospital from the emergency department	.... times
6	How many times in the **past 3 months** has your child been admitted to hospital as an inpatient because of pain?	.... times
7	How many diagnostic tests (e.g. X-rays, scans) has your child had in the **last 3 months** because of his/her pain?	.... tests

Section 4 – Medication use					
How often has your child used any of the following treatments for pain in the **last month**?	Daily	Often	Some-times	Rarely	Never
Medicines that contain any Paracetamol (e.g. Panadol®, Panamax®, Panadeine®, Pain Stop®)	☐	☐	☐	☐	☐
Anti-inflammatory medication (e.g. Ibuprofen, Nurofen®, Naprosyn®, Voltaren®, Aspirin)	☐	☐	☐	☐	☐
Complementary or alternative medicines (e.g. herbal or homeopathic medicines, non-prescribed vitamins, fish oil)	☐	☐	☐	☐	☐
Opioid medication (these are sometimes given for strong pain and include Codeine, Morphine, Oxycodone, Endone®)	☐	☐	☐	☐	☐
Medication given for nerve pain (these might include Amitriptyline, Endep®, Nortriptyline, Gabapentin, Pregabalin, Neurontin®, Lyrica®)	☐	☐	☐	☐	☐

Section 5

On the diagram below, put an X on the ONE area where your child feels the most pain. Shade in any other areas where your child feels pain.



Please rate your child's pain by circling the one number that best describes:

a) Your child's pain at its worst in the last week?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine
b) Your child's pain at its least in the last week?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine
c) Your child's pain on average?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine
d) How much pain your child has right now?	0 No pain	1	2	3	4	5	6	7	8	9	10 Pain as bad as you can imagine

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

PedsQL™

Paediatric Quality of Life Inventory

Version 4.0 – English (Australia)

PARENT REPORT for TEENAGERS (ages **13-18)**

DIRECTIONS

On the following page is a list of things that might be a problem for **your teenager**. Please tell us **how much of a problem** each one has been for **your teenager** during the **past ONE 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 past **ONE month**, how much of a **problem** has your teenager had with …*

PHYSICAL FUNCTIONING ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. Walking more than one block	0	1	2	3	4
2. Running	0	1	2	3	4
3. Participating in sports activity or exercise	0	1	2	3	4
4. Lifting something heavy	0	1	2	3	4
5. Taking a bath or shower by him or herself	0	1	2	3	4
6. Doing chores around the house	0	1	2	3	4
7. Having aches or pains	0	1	2	3	4
8. Having a low energy level	0	1	2	3	4

EMOTIONAL FUNCTIONING ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. Feeling afraid or scared	0	1	2	3	4
2. Feeling sad	0	1	2	3	4
3. Feeling angry	0	1	2	3	4
4. Having trouble sleeping	0	1	2	3	4
5. Worrying about what will happen to him or her	0	1	2	3	4

SOCIAL FUNCTIONING ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. Getting along with other teenagers	0	1	2	3	4
2. Other teenagers not wanting to be his or her friend	0	1	2	3	4
3. Getting teased by other teenagers	0	1	2	3	4
4. Not being able to do things that other teenagers his or her age can do	0	1	2	3	4
5. Keeping up with other teenagers	0	1	2	3	4

SCHOOL FUNCTIONING ***(problems with…)***	**Never**	**Almost Never**	**Some-times**	**Often**	**Almost Always**
1. Paying attention in class	0	1	2	3	4
2. Forgetting things	0	1	2	3	4
3. Keeping up with schoolwork	0	1	2	3	4
4. Missing school because of not feeling well	0	1	2	3	4
5. Missing school to go to the doctor or hospital	0	1	2	3	4

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