Form Approved
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## 15

# Multi-Site Clinical Assessment of CFS in Children and Adolescents

### Pediatric Pain Questionnaire (PPQ)

Subject ID Number:

Date: / / / Year

### Pediatric Pain Questionnaire

#### Understanding your pain

This questionnaire is to help us learn about your pain. We want to understand your past pain so we can diagnose and treat you.

This questionnaire and any information given in interviews will remain private. If you do not wish to answer a question, write, "do not wish to answer" in the space provided.

Please print or write clearly.



Today's date: _				
Your name:			Age:	
What words wo	ould you use to describe	your pain or hur	?	
Circle the word	s below that best descri	be your pain, or t	he way you feel when	you are in pain.
cutting	pounding	tingling	tiring	deep
squeezing	throbbing	horrible	stabbing	burning
pulling	sickening	biting	screaming	scraping
aching	uncomfortable	cold	miserable	stretching
pricking	hot	scared	lonely	jumping
pinching	unbearable	sad	itching	grabbing
stinging	sharp	sore	flashing	pins and needles

e pain you are feeling right
line by the happy face. If yo



Rate the worst pain you had this week. If you had no pain this week, put a mark at the end of the line by the happy face. If the pain you had was some hurting, put a mark by the middle of the line. If the worst pain you had was a whole lot of pain, put a mark by the sad face.



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Pick colors that mean no hurt, a little hurt, more hurt, and a lot of hurt to you and color in the boxes. Now, using those colors, color in the body to show how you feel.

