

Pain Profile

Most troublesome pain (Pain A)

- 1 For each item please circle the number that best describes your child's behaviour when they have this pain.
- 2 Enter the number you have circled in to the "score" column.
- 3 Add up the numbers in the "score" column to give the total score.
- 4 Record the score on the Summary Graph

When my child has this pain, he or she...	Not at all	A little	Quite a lot	A great deal	Score
Is cheerful	3	2	1	0	
Is sociable or responsive	3	2	1	0	
Appears withdrawn or depressed	0	1	2	3	
Cries /moans/groans / screams or whimpers	0	1	2	3	
Is hard to console or comfort	0	1	2	3	
Self-harms e.g. biting self or banging head	0	1	2	3	
Is reluctant to eat / difficult to feed	0	1	2	3	
Has disturbed sleep	0	1	2	3	
Grimaces / screws up face / screws up eyes	0	1	2	3	
Frowns / has furrowed brow / looks worried	0	1	2	3	
Looks frightened (with eyes wide open)	0	1	2	3	
Grinds teeth or makes mouthing movements	0	1	2	3	
Is restless / agitated or distressed	0	1	2	3	
Tenses / stiffens or spasms	0	1	2	3	
Flexes inwards or draws legs up towards chest	0	1	2	3	
Tends to touch or rub particular areas	0	1	2	3	
Resists being moved	0	1	2	3	
Pulls away or flinches when touched	0	1	2	3	
Twists and turns / tosses head / writhes or arches back	0	1	2	3	
Has involuntary or stereotypical movements / is jumpy / startles or has seizures	0	1	2	3	
TOTAL					

Please **tick the box** next to the word that best describes the severity of this pain

None
 Mild
 Moderate
 Severe
 Very severe