Instructions

Please fill in the circle for the answer that best applies to your child’s behavior while in the hospital over the past 4 hours.

1. Whine or complain more than usual?

\_0. No \_1. Yes

2. Cry more easily than usual?

\_0. No \_1. Yes

3. Play less than usual?

\_0. No \_1. Yes

4. Not do the things s/he normally does?

\_0. No \_1. Yes

5. Act more worried than usual?

\_0. No \_1. Yes

6. Act more quiet than usual?

\_0. No \_1. Yes

7. Have less energy than usual?

\_0. No \_1. Yes

8. Refuse to eat?

\_0. No \_1. Yes

9. Eat less than usual?

\_0. No \_1. Yes

10. Hold the sore part of his/her body?

\_0. No \_1. Yes

11. Try not to bump or use the sore part of his/her body?

\_0. No \_1. Yes

12. Groan or moan more than usual?

\_0. No \_1. Yes

13. Look more flushed than usual?

\_0. No \_1. Yes

14. Want to be close to you more than usual?

\_0. No \_1. Yes

15. Take medication when s/he normally refuses?

\_0. No \_1. Yes

Notes

Parents are asked to complete the measure between a specific time period (i.e. between breakfast and lunch, between lunch and supper, or supper and bedtime). The number of items parents have circled “yes” are summed for a total score out of 15.

Scoring

Total score: sum of numeric items up to 15.

Score 6-15: Clinically significant pain

Reference

*Chamber, C.T., Reid, G.J., McGrath, P.J, & Finley, G.A. (1996). Development and preliminary validation of a postoperative pain measures for parents. Pain, 68, 307-313.*