

Pain Profile – ongoing assessments

- For each item please circle the number that best describes your child’s behaviour during the time you are assessing.
- If you are unable to rate an item because the activity, for example ‘feeding’ or ‘...being touched’ is not happening in the period being assessed, tick in the ‘unable to assess’ column and score as 0.
- Copy the numbers you have circled in to the “score” column.
- Add up the numbers in the “score” column to give the total score.
- Then transfer the score to the Summary pages.

In the last Name	Not at all	A little	Quite a lot	A great deal	Unable to assess	Score
Was cheerful	3	2	1	0		
Was sociable or responsive	3	2	1	0		
Appeared withdrawn or depressed	0	1	2	3		
Cried /moaned/groaned / screamed or whimpered	0	1	2	3		
Was hard to console or comfort	0	1	2	3		
Self-harmed e.g. bit self or banged head	0	1	2	3		
Was reluctant to eat / difficult to feed	0	1	2	3		
Had disturbed sleep	0	1	2	3		
Grimaced / screwed up face / screwed up eyes	0	1	2	3		
Frowned / had furrowed brow / looked worried	0	1	2	3		
Looked frightened (with eyes wide open)	0	1	2	3		
Ground teeth or made mouthing movements	0	1	2	3		
Was restless / agitated or distressed	0	1	2	3		
Tensed / stiffened or spasmed	0	1	2	3		
Flexed inwards or drew legs up towards chest	0	1	2	3		
Tended to touch or rub particular areas	0	1	2	3		
Resisted being moved	0	1	2	3		
Pulled away or flinched when touched	0	1	2	3		
Twisted and turned / tossed head / writhed or arched back	0	1	2	3		
Had involuntary or stereotypical movements / was jumpy / startled or had seizures	0	1	2	3		
TOTAL						

Completed by _____

Date _____

Time _____