

PPST
Child and Adolescent Form

Thinking about the **last 2 weeks** check your response to the following statements:

	Disagree	Agree
1 My pain is in more than one body part.	<input type="checkbox"/>	<input type="checkbox"/>
2 I can only walk a short distance because of my pain.	<input type="checkbox"/>	<input type="checkbox"/>
3 It is difficult for me to be at school all day.	<input type="checkbox"/>	<input type="checkbox"/>
4 It is difficult for me to fall asleep and stay asleep at night.	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for me to be physically active.	<input type="checkbox"/>	<input type="checkbox"/>
6 I worry about my pain a lot.	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that my pain is terrible and it's never going to get any better.	<input type="checkbox"/>	<input type="checkbox"/>
8 In general, I don't have as much fun as I used to.	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how much has pain been a problem in the last 2 weeks?

Not at all

A little

Some

A lot

A whole lot



Until every child is well™ © 2015

To obtain copies or psychometric data for this measure contact: Laura.Simons@childrens.harvard.edu