

# 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"/> 0	<input type="checkbox"/> 1
2 I can only walk a short distance because of my pain.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
3 It is difficult for me to be at school all day.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
4 It is difficult for me to fall asleep and stay asleep at night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input style="width: 40px; height: 20px;" type="text"/>		Sum 1-4
5 It's not really safe for me to be physically active.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
6 I worry about my pain a lot.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
7 I feel that my pain is terrible and it's never going to get any better.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
8 In general, I don't have as much fun as I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1

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

Not at all

0

A little

0

Some

0

A lot

1

A whole lot

1

Sum 5-9

Total 1-9



Until every child is well™ © 2015

To obtain copies or psychometric data for this measure contact: [Laura.Simons@childrens.harvard.edu](mailto:Laura.Simons@childrens.harvard.edu)