

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