PARENTS’ POSTOPERATIVE PAIN MEASURE (PPPM)

Children sometimes have changes in behavior when recovering from surgery. The following is a list of behaviors that your child may or may not have exhibited while recovering from surgery between ______ and ______ today. For each of the behaviors below, circle the appropriate response, yes or no.

When your child was recovering from surgery between ______ and ______ today, did s/he . . .

1) Whine or complain more than usual? .................. Yes  No
2) Cry more easily than usual? ......................... Yes  No
3) Play less than usual? ................................. Yes  No
4) Not do the things s/he normally does? ............ Yes  No
5) Act more worried than usual? ...................... Yes  No
6) Act more quiet than usual? ......................... Yes  No
7) Have less energy than usual? ...................... Yes  No
8) Refuse to eat? ................................. Yes  No
9) Eat less than usual? ................................. Yes  No
10) Hold the sore part of his/her body? ............ Yes  No
11) Try not to bump the sore part of his/her body? .... Yes  No
12) Groan or moan more than usual? ................ Yes  No
13) Look more flushed than usual? .................. Yes  No
14) Want to be close to you more than usual? ........ Yes  No
15) Take medication when s/he normally refuses? .... Yes  No

Note on Administration and Scoring: 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. A score of at least 6 out of 15 signifies clinically significant pain.