Supplementary material

Interview Guide: Child’s Self-Report of Pain

Child’s code: ___________
Data Collection: _____/_____/______ at ___:___ hours

Have you ever felt any pain since .... until this moment? (use as reference the last 24 h)
( ) Yes   ( ) No

Where did you feel this pain?

Could you describe this pain?

Did you tell anybody that you felt the pain?
( ) Yes   ( ) No

Whom did you tell? ___________________________________________________________________________________

Did anybody help you relieve the pain?
( ) Yes   ( ) No

Who? ________________________________________________________________________________________________

What did he/she do? ____________________________________________________________________________________

More information:
___________________________________________________________________________________________________
                                                                                                        ________________________________________________________________________________________________

Child's code: ___________
Data Collection: _____/_____/______ at ___:___ hours

Parents/Caregivers: ( ) mother ( ) father ( ) other

Has the child felt pain for the last 24 hours?
( ) Yes   ( ) No

Where did the child feel pain?
________________________________________________________________________________________________
________________________________________________________________________________________________
How was the child's pain (kind of pain)?
________________________________________________________________________________________________
________________________________________________________________________________________________

Did the child tell anybody that he/she felt pain?
( ) Yes   ( ) No

Whom did the child tell?
________________________________________________________________________________________________
________________________________________________________________________________________________
If the answer to question 2 was No, how did you know that the child suffered pain?
________________________________________________________________________________________________
________________________________________________________________________________________________

What did you do when you knew the child was in pain?
________________________________________________________________________________________________
________________________________________________________________________________________________

Did anyone examine the child?
( ) Yes   ( ) No

Who did the exam?
________________________________________________________________________________________________

Did anyone do any intervention for pain relief?
( ) Yes   ( ) No

What was done to relieve the pain?
Who did it?
________________________________________________________________________________________________

More information: _______________________________________________________________________________
Interview Guide: Health Professional’s Report of Child’s Pain

Child’s code: ___________

Data Collection: _____/_____/______ at ___:___ hours

Nursing professional interviewed: ___________________________________________________________________

( ) Head Nurse  ( ) Nurse  ( ) Nursing Assistant

Age: ____________  Sex: ( ) Female  ( ) Male

Time of profession: ______________

Has the child felt pain for the last 24 hours?
( ) Yes  ( ) No

How did you identify the pain?
( ) Child self-report
( ) Parent report
( ) Other member of the health team report
( ) Clinical observation
( ) Others: _____________________________________________________________________________________

In which context did the child feel the pain?
( ) Exams. Which? ______________________________________________________________________________
( ) Procedures
( ) Clinical. Which? ______________________________________________________________________________
( ) Surgery. Which? ______________________________________________________________________________
( ) Others. Which? ______________________________________________________________________________

Where did the child feel pain? _____________________________________________________________________
______________________________________________________________________________________________

What kind of pain did the child have?
( ) acute-procedural pain
( ) acute pain as symptom of the disease
( ) chronic pain

Did anyone do any intervention for pain management?
( ) Yes  ( ) No

If Yes, what kind of prescription was made?
( ) Pharmacological. Which? _______________________________________________________________________
( ) Non-Pharmacological. Which? __________________________________________________________________

Is there any pain management guideline in the service?
( ) Yes  ( ) No
Interview Guide: Health Professional’s Report of Child’s Pain

Child’s code: __________

Data Collection: _____/_____/______ at ___:___ hours

Medical professional interviewed: ___________________________________________________________________

( ) Professor  ( ) Resident  ( ) Doctor hired

Age: ____________  Sex: ( ) Female  ( ) Male

Time of profession: ______________

Has the child felt pain for the last 24 hours?

( ) Yes   ( ) No

How did you identify the pain?

( ) Child self-report
( ) Parent report
( ) Other member of the health team report
( ) Clinical observation
( ) Others: _____________________________________________________________________________________

In which context did the child feel the pain?

( ) Exams. Which? ______________________________________________________________________________
( ) Procedures
( ) Clinical. Which? ______________________________________________________________________________
( ) Surgery. Which? ________________________________________     ______________________________________
( ) Others. Which? ______________________________________________________________________________

Where did the child feel pain? _____________________________________________________________________
______________________________________________________________________________________________

What kind of pain did the child have?

( ) Acute-procedural pain
( ) Acute pain as a symptom of the disease
( ) Chronic pain

Did anyone do any intervention for pain management?

( ) Yes   ( ) No

If Yes, what kind of prescription was made?

( ) Pharmacological. Which? _______________________________________________________________________

( ) Non-Pharmacological. Which? ___________________________________________________________________

Is there any pain management guideline in the service?

( ) Yes   ( ) No
Medical/Nurse Chart Analysis

Child’s code: __________

Patient identification
Name: ____________________________________________________________________________
Date of birth: _____/_____/____ Age:______ Sex: 
( ) Female ( ) Male

School grade level: __________________________________________________________________

Clinical area: _____________________________________________________________________

No. infirmary: ___________ Bed: ___________

HC Register: __________________________

Diagnosis/symptom: __________________________________________________________________

Reason for hospitalization: _____________________________________________________________

Length of stay in the hospital (days) ___________________________________________________

Data about pain

Period highlighted for the data collection (the last 24 hours before the interview):
From _______/_____/_______ at ___:___ to _______/_____/_______ at ___:___

Is there any record about the child’s pain in the medical/nurse chart?
( ) Yes  ( ) No

In which clinical context did the child’s pain occur?
( ) Exams. Which? ___________________________________________________________________
( ) Procedures
( ) Clinical. Which? __________________________________________________________________
( ) Surgery. Which? __________________________________________________________________
( ) Others: _________________________________________________________________________

Is there any record of the child’s pain assessment?
( ) Yes  ( ) No

How was the pain assessment done?
____________________________________________________________________________________

Who did the assessment? ________________________________________________________________

Is there any record about the pain management?
( ) Yes  ( ) No

If the previous answer was Yes, what kind of prescription was made?
( ) Pharmacological. Prescription: ___________________________________________________________________

( ) Non-Pharmacological. Which? __________________________________________________________________

More Information: _______________________________________________________________________