

# N C C P C : Non Communicating Children's Pain Checklist

How often has this child shown these behaviours in the last two hours?

Please circle a number for each item.

0 = Not at all	1 = Just a little	2 = Fairly often	3 = Very often	NA = Not applicable
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## I-Vocal

1 Moaning, whining, whimpering (fairly soft)	0	1	2	3	NA
2 Crying (moderately loud)	0	1	2	3	NA
3 Screaming/yelling (very loud)	0	1	2	3	NA
4 A specific sound or word for pain (e.g. a word, cry or a type of laugh)	0	1	2	3	NA

## II-Social

5 Not cooperating pas, cranky, irritable, unhappy	0	1	2	3	NA
6 Less interaction with others, withdrawn	0	1	2	3	NA
7 Seeking comfort or physical closeness	0	1	2	3	NA
8 Being difficult to distract, not able to satisfy or pacify	0	1	2	3	NA

## III-Facial

9 A furrowed brow	0	1	2	3	NA
10 A change in eyes, including: squinching of eyes, eyes opened wide, eyes frowning	0	1	2	3	NA
11 Turning down of mouth, not smiling	0	1	2	3	NA
12 Lips puckering up, tight, pouting or quivering	0	1	2	3	NA
13 Clenching or grinding teeth, chewing or thrusting tongue out	0	1	2	3	NA

## IV-Activity

14 Not moving, less active, quiet	0	1	2	3	NA
15 Jumping around, agitated, fidgety	0	1	2	3	NA

## V-Body and limbs

16 Floppy	0	1	2	3	NA
17 Stiff, spastic, tense, rigid	0	1	2	3	NA
18 Gesturing to or touching part of the body that hurts	0	1	2	3	NA
19 Protecting, favouring or guarding part of the body that hurts	0	1	2	3	NA
20 Flinching or moving the body part away, being sensitive to touch	0	1	2	3	NA
21 Moving the body in a specific way to show pain (e.g. head back, arms down, curls up, etc.)	0	1	2	3	NA

## VI-Physiological

22 Shivering	0	1	2	3	NA
23 Change in colour, pallor	0	1	2	3	NA
24 Sweating, perspiring	0	1	2	3	NA
25 Tears	0	1	2	3	NA
26 Sharp intake of breathe, gasping	0	1	2	3	NA
27 Breath holding	0	1	2	3	NA

## VII-Eating/sleeping

28 Eating less, non interested in food	0	1	2	3	NA
29 Increase in sleep	0	1	2	3	NA
30 Decrease in sleep	0	1	2	3	NA

## Score summary

Category	I	II	III	IV	V	VI	VII	Total
Score								

Patient last name: .....

Date of birth: .... / .... / .....

Patient first name: .....

Date: .... / .... / .....