

Location

Be specific. “Stomach pain” is too general a description. Children can better localize the pain if they are asked to “point with one finger to where it hurts” or to “point to where mommy or daddy would put a Band-Aid.” Determine if the pain radiates by asking, “Does the pain stay there or move? Show me with your finger where the pain goes.”

Severity

Severity is best determined by finding out how it affects the child's usual behavior. Pain that prevents a child from playing, interacting with others, sleeping, and eating is most often severe. Assess pain intensity using a rating scale, such as a numeric or Wong-Baker FACES Pain Rating Scale (see [Chapter 5](#)).

Duration

Include the duration, onset, and frequency. Describe these in terms of activity and behavior, such as “pain reported to last all night; child refused to sleep and cried intermittently.”

Influencing Factors

Include anything that causes a change in the type, location, severity, or duration of the pain: (1) precipitating events (those that cause or increase the pain), (2) relieving events (those that lessen the pain, such as medications), (3) temporal events (times when the pain is relieved or increased), (4) positional events (standing, sitting, lying down), and (5) associated events (meals, stress, coughing).

History

The history contains information relating to all previous aspects of the child's health status and concentrates on several areas that are ordinarily passed over in the history of an adult, such as birth history, detailed feeding history, immunizations, and growth and development. Because this section includes a great deal of information, use a combination of open-ended and fact-finding questions. For example, begin interviewing for each section with an open-ended statement (such as, “Tell me about your child's birth”) to provide the informants the opportunity to relate what they think