

# NCCPC: 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6	Less interaction with others, withdrawn	0	1	2	3	NA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: .... / .... / .....