

## PAIN



**0**

No  
hurt



**1**

Hurts a  
little bit



**2**

Hurts a  
little more



**3**

Hurts  
even more



**4**

Hurts a  
whole lot



**5**

Hurts  
worst

## FUNCTION



**0**

Not  
hard



**1**

Little  
bit hard



**2**

Little  
more hard



**3**

Even  
harder



**4**

Very  
hard



**5**

Can't  
swallow

Can't  
tell



**0**

Not  
hard



**1**

Little  
bit hard



**2**

Little  
more hard



**3**

Even  
harder



**4**

Very  
hard



**5**

Can't  
eat

Can't  
tell



**0**

Not  
hard



**1**

Little  
bit hard



**2**

Little  
more hard



**3**

Even  
harder



**4**

Very  
hard



**5**

Can't  
drink

Can't  
tell

## PAIN MEDICATION

5. Has your child taken medicine for any kind of pain today?

Yes  No

If yes, did your child need the medicine because they had mouth or throat pain?

Yes  No

## APPEARANCE

6. Please look in your child's mouth. Can you see any mouth sores (ulcers)?

Yes  No  Can't tell