JYX JYVÄSKYLÄN YLIOPISTO UNIVERSITY OF JYVÄSKYLÄ

This is a self-archived version of an original article. This version may differ from the original in pagination and typographic details.

Author(s): Pirnes, Katariina; Kallio, Jouni; Siekkinen, Kirsti; Hakonen, Harto; Häkkinen, Arja; Tammelin, Tuija

Title: Test-retest repeatability of questionnaire for pain symptoms for school children aged 10–15 years

Year: 2019

Version: Accepted version (Final draft)

Copyright: © 2019 Scandinavian Association for the Study of Pain

Rights: In Copyright

Rights url: http://rightsstatements.org/page/InC/1.0/?language=en

Please cite the original version:

Pirnes, K., Kallio, J., Siekkinen, K., Hakonen, H., Häkkinen, A., & Tammelin, T. (2019). Test-retest repeatability of questionnaire for pain symptoms for school children aged 10–15 years. Scandinavian Journal of Pain, 19(3), 575-582. https://doi.org/10.1515/sjpain-2018-0338

Appendix 2

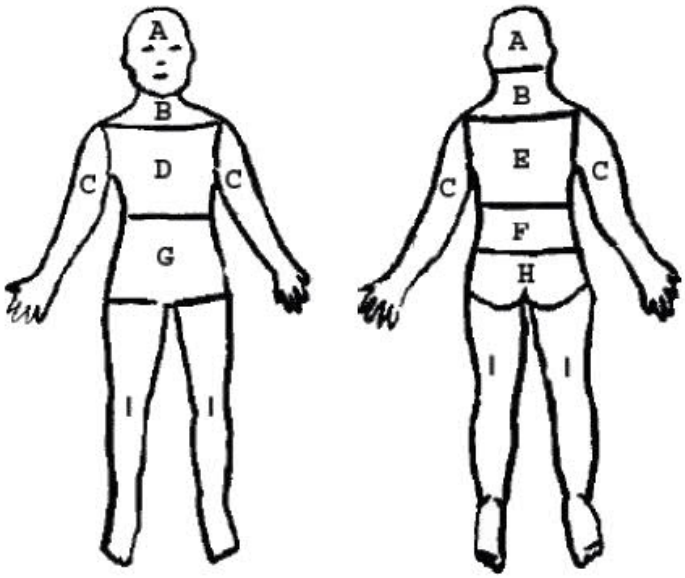
SYMPTOMS

How often have you had symptoms in the last three months? (body parts A-I in the picture below)? Mark the appropriate option.

	Almost daily	More than once a week	About once a week	About once a month	Seldom or never
Headache (A)	○	○	○	○	○
Neck or shoulder pain / ache (B)	○	○	○	○	○
Upper extremities pain / ache (C)	○	○	○	○	○
Chest pain / ache (D)	○	○	○	○	○
Upper back pain / ache (E)	○	○	○	○	○
Lower back pain / ache (F)	○	○	○	○	○
Stomach ache (G)	○	○	○	○	○
Buttocks pain / ache (H)	○	○	○	○	○
Lower extremities pain / ache (I)	○	○	○	○	○
Difficulty falling asleep	○	○	○	○	○
Waking up at night	○	○	○	○	○

Have you injured any of the above-mentioned and pictured pain areas during the previous three months (for example, fallen, stumbled, breached during sport, etc.)

○ No
○ Yes

If you answered ”Yes” to the previous question, please indicate the injured body areas. You can choose several options.

○ B
○ C
○ D
○ E
○ F
○ G
○ H
○ I