



## Audit of benefit to children with a rheumatological condition

Please return completed form to 10 the Gardens Aberlady East Lothian EH32 0SF or email form to [secretary@snac.uk.com](mailto:secretary@snac.uk.com)

Age of child :	Medication:	Length of time on medication:
Used for (please tick which apply)	Blood sampling	Administration of Injection
How miserable does arthritis make your child? <i>(please make a mark on the line)</i>	Very miserable _____ Unaffected	
How bad is any nausea?	Very bad / bad / not so bad / no nausea	Any other problems? <i>(please state)</i>

### Baseline assessment before Buzzy being used

Date	Pain score/ Face before injection	Pain score/ Face after injection	Time taken (build up to injection)	Time taken (recovery from injection)	Comments

### Using Buzzy

Date	Pain score / Face before injection	Pain score / Face after injection)	Time taken (build up to injection)	Time taken (recovery from injection)	Child's View 1 = helpful 2 = not sure 3 = not helpful	Parents View 1 = helpful 2 = not sure 3 = not helpful	Comments

