Physical Stress Experiences

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
EoS_S_011_PXR1	My child felt as if he/she needed to move his/her legs a lot	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_015_PXR1	A sudden noise made my child jump	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_017_PXR1	My child's muscles felt tight	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_019_PXR1	My child could not stay still for long	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_024_PXR1	My child's mouth was dry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_026_PXR1	My child's breathing was fast, even when he/she was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_029_PXR1	My child's palms were sweaty	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_030_PXR1	My child was sweaty, even when he/she was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_031_PXR1	My child's heart pounded, even when he/she was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_032_PXR1	My child's heart beat faster than usual, even when he/she was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_033_PXR1	My child had trouble breathing, even when he/she was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_034_PXR1	My child felt dizzy.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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In the past 7 days…

		Never	Rarely	Sometimes	Often	Always
EoS_S_035_PXR1	My child's breathing was fast.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_037_PXR1	My child's hands shook.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_038_PXR1	My child's legs shook.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_039_PXR1	My child's body shook	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_042_PXR1	My child had a headache	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_043_PXR1	My child's neck hurt.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_044_PXR1	My child's back hurt.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_045_PXR1	My child had a bad stomach ache.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_046_PXR1	My child had pain that really bothered him/her.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_048_PXR1	My child's appetite changed.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_049_PXR1	My child felt some food coming up into his/her throat.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_055_PXR1	My child threw up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_064_PXR1	My child had trouble staying asleep.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_072_PXR1	My child's neck felt tight	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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