Physical Stress Experiences – Short Form 8a

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_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_039_PXR1	My child's body shook	☐ 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_017_PXR1	My child's muscles felt tight	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_024_PXR1	My child's mouth was dry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_042_PXR1	My child had a headache	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_044_PXR1	My child's back hurt.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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