Pain Intensity – 1a

Please respond to the question by marking one box.

Pain Intensity
In the past 7 days…

prx9033R1	How bad was your child's pain on average?.....	☐ 0 **No pain**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **Worst pain you can think of**

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