Physical Stress Experiences – Short Form 4a

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

© 2010-2016 PROMIS Health Organization and PROMIS Cooperative Group