Pain Behavior- Short Form 8a

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

In the past 7 days, when I was in pain...

		Had No Pain	Never	Almost Never	Sometimes	Often	Almost Always
PBNEW2_Ped	It showed on my face	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PAINBE8_Ped	I moved slower	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PAINBE46_Ped	I protected the part of my body that hurt	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PBNEW_Ped15	I had to stop what I was doing.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PBNEW24_Ped	I asked for someone to help me.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PBNEW32_Ped	I lay down.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PAINBE4_Ped	I asked for medicine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
PAINBE5_Ped	I talked about my pain.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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