Pediatric Pain Quality – Affective – Short Form 8a

Please respond to each item by marking one box per row.

In the past 7 days, did your pain feel...

		No	Yes
pqa2_p	miserable?	☐ 0	☐ 1
pqa11_p	awful?	☐ 0	☐ 1
pqa10_p	horrible?	☐ 0	☐ 1
pqa18_p	unbearable?	☐ 0	☐ 1
pqa1_p	worrying?	☐ 0	☐ 1
pqa14_p	unending?	☐ 0	☐ 1
pqa16_p	annoying?	☐ 0	☐ 1
pqa8_p	unpleasant?	☐ 0	☐ 1

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