

Parent Proxy Pain Interference – Short Form 8a

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

In the past 7 days...

		Never	Almost Never	Sometimes	Often	Almost Always
Pf2pain5r	My child had trouble sleeping when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3pain2r	It was hard for my child to pay attention when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2pain4r	It was hard for my child to run when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf1pain4r	It was hard for my child to walk one block when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3pain4r	It was hard for my child to have fun when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf4pain6r	It was hard for my child to stay standing when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf3pain7r	My child felt angry when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pf2pain2r	My child had trouble doing schoolwork when he/she had pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5