

**PROMIS® Bank /Scale v2.0 - Pain Behavior**

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

**In the past 7 days...**

		<b>Had no pain</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
PAINBE28r	When I was in pain I squirmed .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE3r	When I was in pain I grimaced .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE35r	When I was in pain I groaned...	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE38r	When I was in pain I drew my knees up.....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE44r	When I was in pain I bit or pursed my lips .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE4r	When I was in pain I took medication for the pain.....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE51r	When I was in pain I avoided physical contact with others .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PAINBE5r	When I was in pain I talked about the pain .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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PAINBE7r	When I was in pain I rubbed the site of the pain .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW12	When I was in pain I used pillows or other objects to get more comfortable .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW13	When I was in pain I changed how I breathe .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW14	When I was in pain I took breaks .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW18	When I was in pain I told people I couldn't do my usual chores .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW2	When I was in pain it showed on my face .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW21	When I was in pain I told people I couldn't do things with them.....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW24	When I was in pain I asked for someone to help me .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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PBNEW31	When I was in pain I stayed very still.....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW32	When I was in pain I lay down .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW4	When I was in pain my muscles tensed up.....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PBNEW7	When I was in pain I changed my posture .....	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5