# Parent Proxy Pain Interference

**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 |
|---|---|---|---|---|---|---|
| Pf3pain4r | It was hard for my child to have fun 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 |
| Pf2pain2r | My child had trouble doing schoolwork when he/she had pain ................................. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf4pain2r | It was hard for my child to remember things when he/she had pain...................... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf2pain5r | My child had trouble sleeping 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 |
| Pf4pain6r | It was hard for my child to stay standing when he/she had pain ................................. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf4pain4r | It was hard for my child to get along with other people 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 |
| Pf3pain7r | My child felt angry when he/she had pain ................................. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**ITEM BANKS ARE NOT INTENDED TO BE ADMINISTERED IN THEIR ENTIRETY.**

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

| | | Never | Almost Never | Sometimes | Often | Almost Always |
|---|---|---|---|---|---|---|
| Pf4pain1r | My child hurt a lot...................................... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf3pain6r | My child hurt all over his/her body ........... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| Pf4pain5r | My child missed school when he/she had pain ............................................................. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

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