

PROMIS® Bank /Scale v2.0 - Pain Behavior

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

In the past 7 days...

		Had no pain	Never	Rarely	Sometimes	Often	Always
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