

Name:
MRN:
Date:
Study Number:

PRE-BIOPSY: Parent

Laser acupuncture study

1. How **anxious** do **you** feel right **now**? Please circle a number:

0	1	2	3	4	5	6	7	8	9	10
Not at all		Little			Medium			A lot		Worst imaginable

2. How **anxious** does **your child** feel right **now**? Please circle a number:

0	1	2	3	4	5	6	7	8	9	10
Not at all		Little			Medium			A lot		Worst imaginable

3. Is **your child** in **pain** right **now**? Please circle a number:

