Bath Centre for Pain Research

Bath Adolescent Pain – Parent Impact Questionnaire

(BAP-PIQ)

This questionnaire asks about different ways in which caring for a young person with pain affects your life. There are no right or wrong answers, but please try to be as accurate as possible. Please read each question carefully. Do not spend too much time on any one question as your first answer is usually the most accurate. It is extremely important that you answer all the questions, even if some of them may not seem relevant to you.

"Enabling people to reduce the impact of pain on their lives and influencing society’s attitude to pain."
Section One

There are many ways in which caring for a young person with pain can affect people’s lives. Below are some statements that may or may not apply to you. Please read each statement and put a cross in the box (x) under the word that describes how often you have experienced each of these things in the LAST TWO WEEKS. Please make sure that you answer all questions.

Please tell us about feelings and experiences you have encountered.

In the last two weeks living with my child in pain I have:

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<th></th>
<th>never</th>
<th>hardly ever</th>
<th>sometimes</th>
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<tbody>
<tr>
<td>1. felt sad</td>
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<td>2. had difficulty falling asleep</td>
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<td>3. been satisfied with my life</td>
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<td>4. had little appetite</td>
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<td>5. felt hopeless</td>
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<td>6. had difficulty making decisions</td>
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<td>7. made an effort with my appearance</td>
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<td>8. felt worthless</td>
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<td>9. avoided activities I usually enjoy</td>
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Section Two

Please tell us about worries or concerns you may have experienced

In the last two weeks living with my child in pain I have:

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<th></th>
<th>never</th>
<th>hardly ever</th>
<th>sometimes</th>
<th>often</th>
<th>always</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>not been able to get my mind off my worries</td>
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<td>2</td>
<td>felt shaky</td>
<td>□</td>
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<td>3</td>
<td>found that my mind wandered easily</td>
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<td>4</td>
<td>felt tense</td>
<td>□</td>
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<td>5</td>
<td>felt anxious</td>
<td>□</td>
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<td>6</td>
<td>been bothered by feelings of panic</td>
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</tbody>
</table>
Section Three

Please tell us about any feelings or thoughts you have experienced

In the last two weeks living with my child in pain I have:

1. thought that my child’s pain would get worse
   - never
   - hardly ever
   - sometimes
   - often
   - always

2. thought that my child will have difficulty being independent in the future
   - never
   - hardly ever
   - sometimes
   - often
   - always

3. been concerned that my child will always experience pain
   - never
   - hardly ever
   - sometimes
   - often
   - always

4. thought that my child’s pain may lead to something more serious
   - never
   - hardly ever
   - sometimes
   - often
   - always

5. been unable to think of anything other than my child’s pain
   - never
   - hardly ever
   - sometimes
   - often
   - always

Section Four

Please tell us about worries or concerns you have experienced.

In the last two weeks living with my child in pain I have:

1. thought that I had failed my child
   - never
   - hardly ever
   - sometimes
   - often
   - always

2. blamed myself for my child’s situation
   - never
   - hardly ever
   - sometimes
   - often
   - always

3. felt powerless to help my child’s pain
   - never
   - hardly ever
   - sometimes
   - often
   - always

4. not been able to accept that there is no cure for my child’s pain
   - never
   - hardly ever
   - sometimes
   - often
   - always

5. felt guilty
   - never
   - hardly ever
   - sometimes
   - often
   - always

6. believed that my child’s pain is out of control
   - never
   - hardly ever
   - sometimes
   - often
   - always

7. found it difficult to tolerate my child’s suffering
   - never
   - hardly ever
   - sometimes
   - often
   - always
In this section, please tell us about your relationship with your partner / spouse.

By partner, we mean someone that you feel close to and who has regular contact with both you and your child, such as your husband, wife, boyfriend or girlfriend.

If you do not have a partner, please put a cross (x) in the box below and go straight to section six.

A I have no partner / spouse

In the last two weeks living with my child in pain I have:

1. done fun activities with my partner
2. thought that my partner understood my needs
3. felt that my partner supported me
4. felt that our physical relationship was strained
5. made time to spend with my partner
6. discussed things with my partner
7. felt distant from my partner
Section Six

Please tell us about your social life and leisure time.

In the last two weeks living with my child in pain I have:

1. spent time with friends
2. had little time for socialising
3. felt supported by friends
4. cut back on my usual leisure activities
5. spent time talking to people
6. had an interest in pursuing hobbies
7. found it difficult to do leisure activities
8. spent time doing activities that I enjoy

<table>
<thead>
<tr>
<th>Statement</th>
<th>never</th>
<th>hardly ever</th>
<th>sometimes</th>
<th>often</th>
<th>always</th>
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</thead>
<tbody>
<tr>
<td>spent time with friends</td>
<td>☐</td>
<td>☐</td>
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<td>had little time for socialising</td>
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<td>felt supported by friends</td>
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<td>cut back on my usual leisure activities</td>
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<td>spent time talking to people</td>
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<td>found it difficult to do leisure activities</td>
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<tr>
<td>spent time doing activities that I enjoy</td>
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Section Seven

Please tell us about feelings or thoughts you may have experienced, or other things you may have done when your child was in pain.

In the last two weeks living with my child in pain I have:

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<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>helped my child to avoid pain</td>
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<td>2.</td>
<td>made things as easy as possible for my child</td>
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<td>3.</td>
<td>thought that my child should avoid activities that might cause more pain</td>
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<td>4.</td>
<td>believed that my child needed my help</td>
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<td>5.</td>
<td>participated in an activity with my child regardless of his/her pain</td>
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<td>6.</td>
<td>suggested that my child got on with an activity</td>
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<td>7.</td>
<td>been concerned with my child’s level of pain when planning activities for my child</td>
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<td>8.</td>
<td>suggested that my child rests</td>
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<td>9.</td>
<td>done whatever I could to reduce my child’s pain</td>
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<td>10.</td>
<td>believed that my child should do activities regardless of pain</td>
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<td>11.</td>
<td>thought that it was ok for my child to have some pain when they were doing something important</td>
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Please tell us about your relationship with your child who experiences pain.

In the last two weeks living with my child in pain I have:

1. felt that my child was dependent on me
2. enjoyed being the parent of my child
3. found it difficult to be patient with my child
4. felt close to my child
5. shown my child affection
6. felt that my relationship with my child was strained
7. found my relationship with my child difficult
8. felt loving towards my child
9. felt irritated by my child
Section Nine:

In the space below please tell us about anything else you feel is important for us to know about how caring for a young person with chronic pain impacts on your life.

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Thank you very much for your time and cooperation!
Thank you for taking the time to complete this questionnaire

If you would like to find out more about the Bath Centre for Pain Research please visit our website at:

http://www.bath.ac.uk/pain