

PRISM

Thinking about the **last 2 weeks** check your response to the following statements:

		Disagree	Agree
1.	I worry all the time about my child's pain.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I allow my child to skip family activities because of pain.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I let my child sleep later than usual in the morning because of pain.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Our family life is stressful because of my child's pain.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I stay home or come home early because of my child's pain.	<input type="checkbox"/>	<input type="checkbox"/>
6.	I have felt sad or down.	<input type="checkbox"/>	<input type="checkbox"/>
7.	My usual activities have not been as enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Our family routines are disrupted by my child's pain.	<input type="checkbox"/>	<input type="checkbox"/>
9.	My child's pain is overwhelming to me.	<input type="checkbox"/>	<input type="checkbox"/>
10.	I believe that my child's pain is out of control.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I find it difficult to tolerate my child's suffering.	<input type="checkbox"/>	<input type="checkbox"/>
12.	I do my child's chores instead of making him/her do them.	<input type="checkbox"/>	<input type="checkbox"/>