

## Descriptions for the FOPQ-Child and Parent Report

*Fear of Pain Questionnaire, Child report (FOPQ-C).* The FOPQ-C (Simons, Sieberg, Carpino, Logan & Berde, 2011) is a self-report inventory to assess pain-related fears. Each item is rated on a 5-point Likert-type scale from 0 = 'strongly disagree' to 4 = 'strongly agree.' The FOPQ-C consists of 24 items with strong internal consistency ( $\alpha = .92$ ). This measure has two subscales: Fear of Pain ( $\alpha = .89$ ) and Avoidance of Activities ( $\alpha = .86$ ). Construct validity for this measure is supported with significant relations found for the FOPQ-C with child somatization, anxiety, and catastrophizing. Criterion-related validity is also supported with significant relations between higher FOPQ-C scores and greater functional disability and more frequent doctor visits in the previous three months. Stability of the FOPQ-C total scale score is adequate ( $\alpha = .74$ ) with decreases in FOPQ-C scores associated with concomitant decreases in functional disability ( $r = .45$ ) at 1-month follow-up, suggesting sensitivity to treatment response (Simons et al., 2011).

*Fear of Pain Questionnaire, Parent report (FOPQ-P).* The FOPQ-P (Simons, Sieberg, Carpino, Logan & Berde, 2011) is a parent report inventory to assess child pain-related fears. Each item is rated on a 5-point Likert-type scale from 0 = 'strongly disagree' to 4 = 'strongly agree.' The FOPQ-P consists of 23 items with strong internal consistency ( $\alpha = .92$ ). This measure has three subscales: Fear of Pain ( $\alpha = .85$ ), Avoidance of Activities ( $\alpha = .86$ ), and School Avoidance ( $\alpha = .80$ ). Construct validity for this measure is supported with significant relations found for the FOPQ-P with child somatization, anxiety, and catastrophizing. Criterion-related validity is also supported with significant relations between higher FOPQ-P scores and greater child functional disability and more frequent doctor and emergency room visits in the past three months. Stability of the FOPQ-P total scale score is adequate ( $\alpha = .70$ ) with decreases in FOPQ-P scores associated with concomitant decreases in functional disability ( $r = .30$ ) at 1-month follow-up, suggesting sensitivity to treatment response (Simons et al., 2011).

## **Scoring for the FOPQ**

To score each measure, simply sum the items for subscale scores and all items for an overall scale score.

### **FOPQ-Child Report**

Fear of Pain (13 items): item # 2,3,4,5,7,8,9,11,12,14,15,19,23

Avoidance of Activities (11 items): item # 1,6,10,13,16,17,18,20,21,22,24

### **FOPQ-Parent Report**

Fear of Pain (8 items): item # 3,5,8,10,12,14,18,19

Avoidance of Activities (10 items): item # 2,6,7,11,13,15,16,20,21,22

School Avoidance (5 items): item # 1,4,9,17,23

\*\*At least 80% of items must be answered on each subscale for the measure to be considered valid and scorable.

**To cite development of measure:** Simons LE, Sieberg CB, Carpino E, Logan DL, Berde C. (2011). The Fear of Pain Questionnaire (FOPQ): Assessment of pain-related fear among children and adolescents with chronic pain. *Journal of Pain* 2011; 12:677-86.

### **The FOPQ has also been validated for use in youth with headache.**

Simons LE, Pielech M, Capucci S, Lebel A. Fear of pain in pediatric headache. *Cephalalgia* 2015; 35: 36-44. PMID: 24812036; PMCID: PMC4224998.

Preliminary cut-offs for High and Low Fear are based on the initial validation study (chronic pain patients). Mean scores for the FOPQ among the headache validation sample were comparable and thus these cut-offs are likely applicable among headache patients, but further study is needed:

FOPQ-C Total Score

**High Fear:** 51-96

**Low Fear:** 0-34