

## Parent Fear of Pain Questionnaire (PFOPQ)

The Parent Fear of Pain Questionnaire consists of 21 items intended to assess a parent's pain-related fears and avoidance behavior. This scale was initially developed and tested with \_\_\_\_\_. Respondents answer each question on a 5-point Likert-type scale ranging from "strongly disagree" to "strongly agree." The total scale score reflects parents' own pain-related fear and avoidance in the context of their child's pain, and the four subscale scores reflect: Avoidance, Fear of Pain, Fear of School, and Fear of Movement. Higher scores indicate higher levels of fear. This multidimensional instrument demonstrated **strong internal consistency** estimates for the total scale ( $\alpha = .91$ ) and each subscale (Avoidance,  $\alpha = .87$ ; Fear of Pain,  $\alpha = .85$ ; Fear of School,  $\alpha = .74$ ; Fear of Movement,  $\alpha = .69$ ). Construct validity was established with significant correlations between the PFOPQ and measures of parent pain catastrophizing and child fear of pain (Simons et al, 2015).

The PFOPQ consists of four subscales that are labeled accordingly:

Avoidance: \_\_\_\_\_ 6 items  
Items # 6, 10, 12, 14, 15, 19

Fear of Pain: \_\_\_\_\_ 7 items  
Items # 3, 5, 9, 11, 13, 17, 18

Fear of School: \_\_\_\_\_ 4 items  
Items # 1, 4, 8, 16

Fear of Movement: \_\_\_\_\_ 4 items  
Items # 2, 7, 20, 21

### To cite:

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### PFOPQ

These questions ask about how you look at your child's pain *when your child hurts or is in pain for a few hours or days*. Please read each statement carefully. Circle the number that shows how much you agree or disagree with each statement.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I think that being at school makes or would make my child's pain worse.	0	1	2	3	4
2. I try to avoid activities that cause my child's pain.	0	1	2	3	4
3. When my child is in pain, I am afraid that something terrible will happen.	0	1	2	3	4
4. I believe that my child cannot go back to school until his/her pain is treated.	0	1	2	3	4
5. My child's feelings of pain are scary for me.	0	1	2	3	4
6. My child's pain controls my life.	0	1	2	3	4
7. I can't let my child do all the things that normal people can do because it is so easy to hurt his/her body.	0	1	2	3	4
8. I think that doing school work increases my child's pain.	0	1	2	3	4
9. My child's pain causes my heart to pound or race.	0	1	2	3	4
10. I avoid making plans because of my child's pain.	0	1	2	3	4
11. I think if my child's pain gets too bad, it will never get better.	0	1	2	3	4
12. I cancel plans when my child is in pain.	0	1	2	3	4
13. I find it difficult to calm my body down when my child is in pain.	0	1	2	3	4
14. When my child is in pain, I stay away from other people.	0	1	2	3	4

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Strongly Agree</b>
15. When my child is in pain, I say things like “I don’t have any energy,” “I just can’t,” “my child has too much pain,” or “I don’t feel like it.”	0	1	2	3	4
16. My child does not go to school because I think it makes the pain worse.	0	1	2	3	4
17. When the pain comes on strong, I think that my child might become permanently injured or more disabled.	0	1	2	3	4
18. I am afraid that when my child’s pain starts it's going to be really bad.	0	1	2	3	4
19. My world has become small because of my child’s pain.	0	1	2	3	4
20. I think that being careful to not make any unnecessary movements is the safest thing my child can do to stop the pain from worsening.	0	1	2	3	4
21. I am afraid that my child might hurt him/herself if (s)he exercises.	0	1	2	3	4