

PRISM

Description

The Parent Risk and Impact Screening Measure consists of 12 items intended to assess parents' reports of their own stress, health, psychosocial functioning, and disruption in activities due to their child's pain and related disability. The tool was developed in collaboration with Anna Wilson, PhD and Amy Holley, PhD at Oregon Health Sciences University. The Measure was developed with the idea that despite evidence that parent function and behavior in the context of a child's chronic pain is important to assess and address, no brief screening tool to assess parent symptomatology, and identify risk exists. PRISM was created as a brief clinical screening tool for parent biopsychosocial functioning and behavioral responses to child pain. Potential items were generated through the review of published measures, identified risk factors for poor child outcomes, and expert panel review. The PRISM contains 4 domains: Distress (4 items), Protect (3 items), Family Impact (3 items), and Parent Health (2 items). A PRISM total score of 6 or greater was the best concurrent predictor of a reference standard case of moderate to severe functional disability and the best concurrent predictor of a reference standard case of moderate to high levels of parent pain catastrophizing. Given this cutoff score, the proposed risk screening reference point was 6 or greater. This instrument demonstrated strong internal consistency and construct validity was established with significant correlations between the PRISM and measures of parent distress, protectiveness, and catastrophizing.

Scoring

If "agree" for 6 or more items = parent in risk category

How to cite

Simons L.E., Lewandowski Holley A., Phelps E., Wilson A.C., PRISM: a brief screening tool to identify risk in parents of youth with chronic pain. *Pain*. 2019;160:367–374.

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"/>