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

1. I worry all the time about my child’s pain.

\_ 0. Disagree      \_ 1. Agree

2. I allow my child to skip family activities because of pain.

\_ 0. Disagree      \_ 1. Agree

3. I let my child sleep later than usual in the morning because of pain.

\_ 0. Disagree      \_ 1. Agree

4. Our family life is stressful because of my child’s pain.

\_ 0. Disagree      \_ 1. Agree

5. I stay home or come home early because of my child’s pain.

\_ 0. Disagree      \_ 1. Agree

6. I have felt sad or down.

\_ 0. Disagree      \_ 1. Agree

7. My usual activities have not been as enjoyable.

\_ 0. Disagree      \_ 1. Agree

8. Our family routines are disrupted by my child’s pain.

\_ 0. Disagree      \_ 1. Agree

9. My child’s pain is overwhelming to me.

\_ 0. Disagree      \_ 1. Agree

10. I believe that my child’s pain is out of control.

\_ 0. Disagree      \_ 1. Agree

11. I find it difficult to tolerate my child’s suffering.

\_ 0. Disagree      \_ 1. Agree

12. I do my child’s chores instead of making him/her do them.

\_ 0. Disagree      \_ 1. Agree

Note: Scoring

Overall score: sum of all items

Reference:

Simon LE, Holley AL, Phelps E, Wilson AC. 2019). PRISM: a brief screening tool to identify risk in parent of youth with chronic pain. *Pain 160*(2): 367-374. DOI: 10.1097/jpain.0000000000001403