

Psychosocial Adjustment to Burn Questionnaire

Study ID #: _____

Date: _____

Relationship to Child: _____

Instructions: Below is a list of problems and complaints that children and their families sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box under the choice that best reflects your child or your family *since the burn injury (unless otherwise stated in item)*.

	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)	N/A (-555)
1	My child constantly talks about the event that led to the injury and/or acts out the event while playing.						
2	Since my child's burn injury, she/he wakes often from sleeping						
3	My child does not cooperate with his or her burn care (e.g. dressing changes)						
4	My child no longer shows interest in play activities that he/she enjoyed prior to the burn						
5	Since my child's burn injury, she/he doesn't seem to be sleeping well						
6	My child is more easily angered than he or she was prior to the burn						
7	Since my child's burn injury, she/he has difficulty falling asleep on her/his own						
8	Since my child's burn injury, she/he shows aggressive behaviors toward self or others						
9	My child avoids things that may remind him or her of the injury						
10	Since my child's injury, she/he is more irritable than before						
11	Since my child's burn injury, she/he hits himself or others						
12	I think my child is in pain						
13	Since my child's burn injury, she/he seems "clingy" to me						
14	Since my child's burn injury, she/he complains of a headache and/or stomachache						

	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)	N/A (-555)
15	My child resists completing at least one daily activity (for example bathing)						
16	My child is showing fears that he or she did not have prior to the burn injury						
17	In general, my child is having difficulty adjusting since the burn injury						
18	Prior to my child's burn injury, he or she misbehaved						
19	Since my child's burn injury, I worry about the amount of food my child is eating						
20	I have thoughts and/or dreams about the day my child was burned						
21	I am afraid to let him/her out of my sight						
22	I feel like I am constantly on alert, which includes any one of the following: <ul style="list-style-type: none"> • Trouble sleeping or falling asleep • Irritability or outbursts of anger • Difficulty concentrating • Feeling "jumpy" 						
23	I feel guilty that my child got burned						
24	Since my child's burn injury, I have felt sad						
25	I do not let my child do the activities he/she was doing when he/she was burned						
26	My friends and/or extended family provide support during difficult times						
27	Before the burn event, my family was stressed						

Please mark any skill that your child was able to do prior to the burn injury, that he or she now has more difficult doing or does less regularly

_____ using the potty/toilet regularly

_____ put on a t-shirt

_____ put on pants

_____ plays by himself

_____ plays with others

_____ feeds self

_____ drinks from a cup

_____ walks without support