

Brisbane Burn Scar Impact Profile (BBSIP) For Adults

General Instructions:

Please think of burn scars as being in the place where you had the burn, or where you had skin grafts, or where you have donor sites. For questions with circles please place a mark in one of the circles or in the box if none of the answers are right for you. If the item does not apply to you please place a mark in the not applicable box when that option has been provided.

Part 1: Overall Impact of Burn Scars

1. Overall, how much do your burn scars **impact on your life** now?

Not at all Hardly any A bit Somewhat Quite a bit Very much Extremely



2. How much did these aspects **impact on your life**, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>
Itch, pain and other sensations from your scars							
Physical scar symptoms (like thick, tight scars)							
Scar treatments (like pressure garments, exercises, creams)							

3. How much did your burn scars **impact on** the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>
Work and daily activities							
Social interaction or relationships							
Your mood or emotional reactions							
Your appearance							



Part 2. Itch, Pain and Other Sensations

4. Describe any **sensations** that you experienced in your scars, DURING THE LAST WEEK (like tightness, burning, pins and needles, tingling, throbbing, aching, sensitivity to touch or clothing)?

5. How **often** have you had more itch from your scars than from your normal skin, DURING THE LAST WEEK?

Not at all *Once or twice* *A few times* *Almost everyday* *Everyday*

6. How **often** have you had pain from your scars, DURING THE LAST WEEK?

Not at all *Once or twice* *A few times* *Almost everyday* *Everyday*

7. How **often** have you had discomfort from your scars, DURING THE LAST WEEK?

Not at all *Once or twice* *A few times* *Almost everyday* *Everyday*



8. The next few questions ask you to rate the severity of sensations in your scars, if 0 means 'no sensation' and 10 means 'a sensation as bad as it could possibly be'. Please put an X through the number that best describes the sensation in your scars **ON AVERAGE** DURING THE LAST WEEK. Use 0 if the word or phrase does not describe the sensation in your scar.

A. **Itch** from your scars

No itch

0	1	2	3	4	5	6	7	8	9	10
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 Itch as bad as it could possibly be

B. **Tightness** when stretching or moving your scars

No tightness

0	1	2	3	4	5	6	7	8	9	10
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 Tightness as bad as it could possibly be

C. **Sensitivity** to light touch or clothing

Not sensitive

0	1	2	3	4	5	6	7	8	9	10
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 As sensitive as scars could possibly be

D. **Pain** from your scars

No pain

0	1	2	3	4	5	6	7	8	9	10
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 Pain as bad as it could possibly be

E. **Discomfort** from your scars




































No discomfort

0	1	2	3	4	5	6	7	8	9	10
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 Discomfort as bad as it could possibly be

Section C. Impact of Sensations (including itch, pain, discomfort, and other sensations)


9. How much did **sensations** from your burn scars **impact on** the following aspects, DURING THE LAST WEEK?

	Not at all	Hardly at all	A bit	Somewhat	Quite a bit	Very much	Extremely	Not applicable
Getting to sleep								<input type="checkbox"/>
Staying asleep								<input type="checkbox"/>
Physical activities (like sport or exercise)								<input type="checkbox"/>
Your mood (like feeling irritable or cranky)								<input type="checkbox"/>
Walking downhill or downstairs								<input type="checkbox"/>



Part 3. Work and Daily Activities

10. How much did your burn scars **impact on** the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>	<i>Not applicable</i>
Moving easily								<input type="checkbox"/>
Climbing up or down stairs								<input type="checkbox"/>
Walking short distances								<input type="checkbox"/>
Getting in and out of a chair or a car								<input type="checkbox"/>
Driving a car or other vehicle								<input type="checkbox"/>
Physical activities like sport or exercise								<input type="checkbox"/>
Work								<input type="checkbox"/>
Household activities								<input type="checkbox"/>
Dressing and undressing yourself								<input type="checkbox"/>
Showering or bathing yourself								<input type="checkbox"/>
Eating or drinking yourself								<input type="checkbox"/>
Doing self-care activities yourself (like brushing your teeth, doing your hair,								<input type="checkbox"/>
Activities that make you feel hot or sweaty (like outside activities in hot weather)								<input type="checkbox"/>



11. How much did your burn scars **impact on** the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>	<i>Not applicable</i>
Your daily routine (including working your usual hours, doing jobs around the house, doing exercise, looking after children)								<input type="checkbox"/>
Your family's routine (for example, your partner's work or activities)								<input type="checkbox"/>

12. How much did you **need to change the way that you usually do** work or other daily activities (like doing the activity for a shorter time, wearing things to protect your scars or garments, doing the activity more slowly), DURING THE LAST WEEK?

<i>Not at all</i>	<i>Hardly any</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>	<i>Not applicable</i>
							<input type="checkbox"/>

Part 4: Relationships and Social Interaction

13. How much did your burn scars **impact on** the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>	<i>Not applicable</i>
Doing things with friends								<input type="checkbox"/>
Doing things with family								<input type="checkbox"/>
Doing things with neighbours or relatives who you know well								<input type="checkbox"/>
Interacting with the general public								<input type="checkbox"/>
Close relationships (such as your husband, wife, partner)								<input type="checkbox"/>



Part 5: Your Appearance

14. How **bothered** have you been by the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>	<i>Not applicable</i>
The appearance of your scars								<input type="checkbox"/>
The look of your worst scar								<input type="checkbox"/>
The looks you got from other people because of your scars								<input type="checkbox"/>
The comments you got from other people about your scars								<input type="checkbox"/>

Part 6: Emotional Reactions

15. How much did **you feel** like this because of your scars, DURING THE LAST WEEK?






	<i>Not at all</i>	<i>Hardly at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Very much</i>	<i>Extremely</i>	<i>Not applicable</i>
Irritable or cranky								<input type="checkbox"/>
Anxious or nervous								<input type="checkbox"/>
Stressed								<input type="checkbox"/>
Depressed or sad								<input type="checkbox"/>
Angry								<input type="checkbox"/>
Low in self-confidence								<input type="checkbox"/>
Embarrassed								<input type="checkbox"/>
Worried								<input type="checkbox"/>













Part 7: Physical Symptoms






16. Describe the location of the **WORST part** of your scars (for example, your forearm).






17. Think about the **WORST part** of your scars (that you wrote down above) compared to your normal skin then answer the following questions. Rate how much your scars were like this **AT THEIR WORST DURING THE LAST WEEK**.






	<i>Not at all tight - not restricting movement or pulling body parts</i>	<i>A little bit tight - restricting movement or pulling body parts a little bit</i>	<i>A bit tight - restricting movement or pulling body parts somewhat</i>	<i>Quite tight - restricting movement or pulling body parts quite a lot</i>	<i>Really tight - restricting movement or pulling body parts a lot</i>
A. Tight					






	<i>Not thick</i>	<i>A little bit thick</i>	<i>A bit thick</i>	<i>Quite thick</i>	<i>Really thick</i>
B. Thick					

	<i>Not wrinkled</i>	<i>A little bit wrinkled</i>	<i>A bit wrinkled</i>	<i>Quite wrinkled</i>	<i>Really wrinkled</i>
C. Wrinkled					

	<i>Not dry</i>	<i>A little bit dry</i>	<i>A bit dry</i>	<i>Quite dry</i>	<i>Really dry</i>
D. Dry					

	<i>Not hard</i>	<i>A little bit hard</i>	<i>A bit hard</i>	<i>Quite hard</i>	<i>Really hard</i>
E. Hard					

	<i>Not rough</i>	<i>A little bit rough</i>	<i>A bit rough</i>	<i>Quite rough</i>	<i>Really rough</i>
F. Rough					

	<i>Not different</i>	<i>A little bit different</i>	<i>A bit different</i>	<i>Quite different</i>	<i>Really different</i>
G. A different colour (like red or darker than normal skin)					



18. How much did **tight scars** make you feel **tired**, DURING THE LAST WEEK?

Not at all Hardly any A bit Somewhat Quite a bit Very much Extremely Not applicable

19. Did you have **open wounds** in your scars, DURING THE LAST WEEK?

Yes No

*The next question asks you to rate the sensitivity of your body to hot or cold weather or temperatures, if 0 means 'no sensitivity' and 10 means 'as sensitive as your body could possibly be'. Please put an X through the number that best describes the sensitivity of your body **ON AVERAGE** DURING THE LAST WEEK.*

20. DURING THE LAST WEEK, how sensitive has your body been to hot or cold weather or hot or cold temperatures?

Not sensitive

0	1	2	3	4	5	6	7	8	9	10
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 As sensitive as your body could possibly be





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Jensen, M, Miller, L., Fisher, L.D. (1998). Assessment of pain during medical procedures: A comparison of three scales. *The Clinical Journal of Pain*, 14(4), 343-49.

Rebok, G., Riley, A., Forrest, C., Starfield, B., Green, B., Robertson, J., & Tambor, E. (2001). Elementary school-aged children's reports of their health: a cognitive interviewing study. *Quality of Life Research*, 10(1), 59-70.