

Brisbane Burn Scar Impact Profile (BBSIP) For Caregivers

of Children 8 years and older

General Instructions:

When completing this questionnaire please think of burn scars as being in the place where your child had the burn, or where your child had skin grafts, or where your child has donor sites. For questions like those in part 1 please answer by placing a tick one of the circles. If the item does not apply to you or your child please place a mark in the not applicable box when that option has been provided. Part 1 to 7 will ask you questions about the impact of burn scars on your child and Part 8 will ask you questions about the impact of your child's burn scars on you and your family.

Part 1: Overall Impact of Burn Scars

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

Not at all A bit Somewhat Quite a bit A lot



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

	Not at all	A bit	Somewhat	Quite a bit	A lot	Not applicable
Itch, pain, sensitivity to touch, or other sensations from your child's scars						<input type="checkbox"/>
Physical scar symptoms (like thick, tight scars)						<input type="checkbox"/>
Scar treatments (like pressure garments, exercises, creams)						<input type="checkbox"/>

3. DURING THE LAST WEEK, how much did your child's burn scars **impact on** the following aspects?

	Not at all	A bit	Somewhat	Quite a bit	A lot	Not applicable
School, play and daily activities						<input type="checkbox"/>
Peer relationships and social interaction						<input type="checkbox"/>
Your child's emotional reactions or mood						<input type="checkbox"/>
Your child's appearance						<input type="checkbox"/>



Part 2: Itch, Pain, Discomfort and Other Sensations

4. DURING THE LAST WEEK, how **often** has your child reported itch, pain or other sensations or shown signs of sensations in their scars (like scratching, grabbing at their scars, facial grimaces)?

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

5. DURING THE LAST WEEK, **ON AVERAGE** how many times **EACH DAY** did your child **scratch or rub** their scars more than their normal skin?

Not at all *Once or twice* *A few times* *Quite a lot times* *A lot of times*

6. DURING THE LAST WEEK, how many times did your child **scratch or rub** their scars so much that **other problems happened** to their scar (like wounds opened up or sores developed)?

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

7. This question asks you to rate the severity of **sensitivity** of your child’s burn scars **to light touch or clothing**, if 0 means ‘not sensitive’ and 10 means ‘as sensitive as scars could possibly be’. Please put an X through the number that best describes the **AVERAGE** sensitivity in your child’s scars during the **last week**. Use 0 if your child had no 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



Part 3: School, Play and Daily Activities

When completing this question think about how your child would usually complete these activities if they didn't have scars, considering the level of assistance that is appropriate for them.





















8. DURING THE LAST WEEK, how much did your child's burn scars **impact on** the following aspects?

	<i>Not at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>	<i>Not applicable</i>
Moving easily						<input type="checkbox"/>
Climbing during activities or up or down stairs						<input type="checkbox"/>
Walking short distances						<input type="checkbox"/>
Getting in and out of a chair						<input type="checkbox"/>
Physical activities like swimming, riding a bike, ball games, or sport						<input type="checkbox"/>
Schoolwork						<input type="checkbox"/>
Play						<input type="checkbox"/>
Dressing and undressing						<input type="checkbox"/>
Showering or bathing						<input type="checkbox"/>
Eating or drinking						<input type="checkbox"/>
Self-care activities (like brushing their teeth, doing their hair)						<input type="checkbox"/>
Getting to sleep						<input type="checkbox"/>
Staying asleep						<input type="checkbox"/>
Activities that made them feel hot						<input type="checkbox"/>
Your child's daily routine (including doing jobs, going to a lesson, going to school)						<input type="checkbox"/>























Part 4: Friendships and Social Interaction

9. DURING THE LAST WEEK, how much did your child's burn scars **impact on** the following aspects?

	<i>Not at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>	<i>Not applicable</i>
Your child's friendships or relationships with people their age						<input type="checkbox"/>
Your child getting along with people in your family						<input type="checkbox"/>
Your child going to places where there are strangers (like shopping, going to the movies, or going to a swimming pool)						<input type="checkbox"/>
Your child doing the same things as their friends						<input type="checkbox"/>

Part 5: Your Child's Appearance







































10. How **bothered** has your child been by these things, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>A bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>	<i>Not applicable</i>
The appearance of their scars						<input type="checkbox"/>
The appearance of their worst scar						<input type="checkbox"/>
The looks your child got from other people because of their scars						<input type="checkbox"/>
The comments you or your child got from other people because of their scars						<input type="checkbox"/>



Part 6: Emotional Reactions

11. How much did your child **feel like this because of their scars**, DURING THE LAST WEEK?






	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
Irritable or cranky					
Anxious or nervous					
Worried					
Sad					
Depressed					
Low in confidence					
Angry					
Embarrassed or self-conscious					
Upset					













Part 7: Physical Symptoms






12. Describe the WORST part of your child's scars (for example, their left shoulder).






13. Think about the **WORST part** of your child's scars (that you wrote down above) compared to their normal skin when you answer the following questions. Rate how much your child's 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)					



14. Did your child have **open wounds or sores** in their scars, DURING THE LAST WEEK?

Yes

No



Part 8: Parent and Family Concerns

15. How **worried have you been** about the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>Extremely</i>
Whether the look of your child’s scars will bother them in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The effect of your child’s scars on other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way others treated your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How much did your child’s burn scars **impact on** the following aspects, DURING THE LAST WEEK?

	<i>Not at all</i>	<i>A little bit</i>	<i>Somewhat</i>	<i>Quite a bit</i>	<i>A lot</i>
Your ability to work, study, or complete household jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You getting together with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family routine (for example, your work or other children’s activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How **bothered have you been** by the appearance of your child’s scars, DURING THE LAST WEEK?

Not at all

A bit

Somewhat

Quite a bit

A lot





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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.