

# Pain Interference Questionnaire

for Cerebral Palsy (PIQ-CP)

## Parent Report



In the past week, how much has pain gotten in the way with your child's:

**Not  
at all**

**A bit**

**A lot**



<b>1</b>	Sleep		0	1	2	3	4
<b>2</b>	Everyday activities		0	1	2	3	4
<b>3</b>	Mood		0	1	2	3	4
<b>4</b>	School/Work (includes respite, day options, study)		0	1	2	3	4
<b>5</b>	Things they do for fun		0	1	2	3	4
<b>6</b>	Looking after themselves (includes helping to look after themselves)		0	1	2	3	4
<b>7</b>	Learning new things		0	1	2	3	4
<b>8</b>	Getting along with others		0	1	2	3	4
<b>9</b>	Communication with others		0	1	2	3	4
<b>10</b>	Having fun		0	1	2	3	4
<b>11</b>	Spending time with friends and family		0	1	2	3	4
<b>12</b>	Getting around		0	1	2	3	4
<b>13</b>	Their favourite thing to do: _____ (optional)		0	1	2	3	4