Pain Interference Questionnaire



for Cerebral Palsy (PIQ-CP)

Self Report







	on Repon						
	ne past week, how much has poren in the way with:	ain	Not at all		A bit		A lot
1	Sleep		0	1	2	3	4
2	Everyday activities		0	1	2	3	4
3	Mood	1-1-2-1 1-1-2-1 1-1-2-1	0	1	2	3	4
4	School/Work (includes respite, day options, study)		0	1	2	3	4
5	Things I do for fun		0	1	2	3	4
6	Looking after myself (or helping to look after myself)		0	1	2	3	4
7	Learning new things		0	1	2	3	4
8	Getting along with others		0	1	2	3	4
9	Communicating with others		0	1	2	3	4
10	Having fun		0	1	2	3	4
D	Spending time with friends and family		0	1	2	3	4
2	Getting around		0	1	2	3	4
3	My favourite thing to do:(optional)		0	1	2	3	4