

# Brisbane Burn Scar Impact Profile (BBSIP)

## For Children and Young People

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 tick one of the circles. For some questions you can place a mark in a box if none of the answers are right for you. If you do not understand a question please ask for help.

### Part 1: Your Burn Scars Overall and Your Scar Treatments

1. In the LAST WEEK, how much did your burn scars affect these things?

	<i>Not at all</i>	<i>A little bit</i>	<i>A bit</i>	<i>Quite a bit</i>	<i>A lot</i>
<b>School, play and the things you do everyday</b> (like walking, sport, going to school)	<input type="radio"/>				
<b>Your friendships or relationships</b>	<input type="radio"/>				
<b>The way you look</b>	<input type="radio"/>				

2. IN THE LAST WEEK, how much did your scars **make you feel bad** (like worried, sad, cranky)?

*Not at all*      *A little bit*      *Quite a bit*      *Quite a lot*      *A lot*

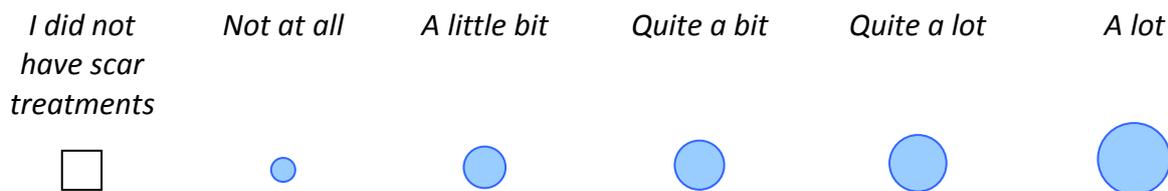
3. IN THE LAST WEEK, how much did **feelings from your scars** like itch or pain affect you?

*Not at all*      *A little bit*      *Quite a bit*      *Quite a lot*      *A lot*

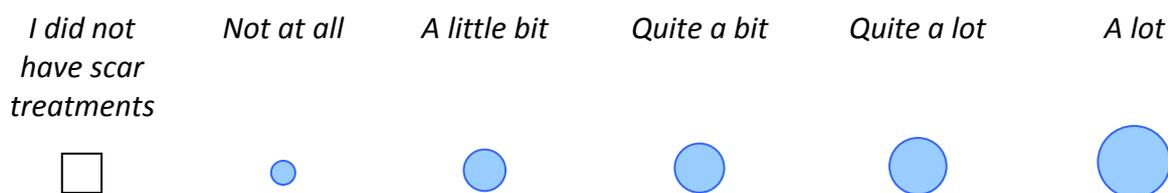
                      



4. IN THE LAST WEEK, how much of a problem were your **scar treatments** (like pressure garments, exercises, creams)?



5. IN THE LAST WEEK, how much did your **scar treatments** (like pressure garments, exercises or creams) make your scars look or feel better?



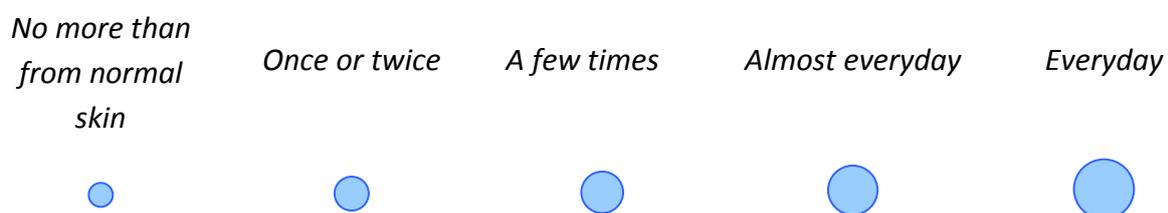
## **Part 2: Itch, Pain, and Other Feelings in Your Scars**

6. Tell us about any **strange feelings** you had from your scars IN THE LAST WEEK (like itch or pain or pins and needles)?

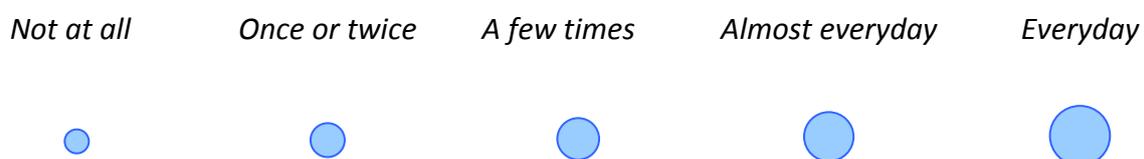
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7. How **often** have you had more **ITCH** from your scars than from your normal skin, IN THE LAST WEEK?



8. How **often** have you had **PAIN** from your scars, IN THE LAST WEEK?



9. How **often** have you had **UNCOMFORTABLE FEELINGS** from your scars, IN THE LAST WEEK?

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



10. Put an X through the number that best tells us about strange feelings in your scars. 0 means 'none of that strange feeling' and 10 means 'a strange feeling as bad as it could possibly be'.

A. How bad was **ITCH** from your scars IN THE LAST WEEK?

*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. How bad were **TIGHT FEELINGS** when you stretched or moved your scars IN THE LAST WEEK?

*No tight feelings*

0	1	2	3	4	5	6	7	8	9	10
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*Tight feelings as bad as they could possibly be*

C. How bad was **PAIN** from your scars IN THE LAST WEEK?

*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*

D. How bad were **UNCOMFORTABLE FEELINGS** from your scars, IN THE LAST WEEK?

*No uncomfortable feelings*

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



11. IN THE LAST WEEK, how much did the **strange feelings** from your scars (like itch or pain) do these things?

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>Stop you getting to sleep</b> IN THE LAST WEEK					
<b>Wake you up</b> IN THE LAST WEEK					
<b>Make you feel cranky or moody</b> IN THE LAST WEEK					
<b>Make it difficult to concentrate</b> IN THE LAST WEEK					
<b>Make it difficult for you to walk downhill or downstairs</b> IN THE LAST WEEK					



### Part 3: The Things You Do Everyday

12. IN THE LAST WEEK, **how much of a problem has it been to do these things** BECAUSE OF YOUR BURN SCARS?

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>Move easily</b> IN THE LAST WEEK					
<b>Climb</b> up or down stairs or when you are doing activities IN THE LAST WEEK					
<b>Walk short distances</b> IN THE LAST WEEK					
<b>Get in and out of a chair</b> IN THE LAST WEEK					

13. IN THE LAST WEEK, **how much of a problem has it been to do these things** BECAUSE OF YOUR BURN SCARS?

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>Do activities like swimming, riding a bike, ball games, or sport</b> IN THE LAST WEEK					
<b>Do activities that make you feel hot</b> IN THE LAST WEEK					
<b>Go to school (or the place where you study)</b> IN THE LAST WEEK					
<b>Do your schoolwork</b> IN THE LAST WEEK					
<b>Play</b> IN THE LAST WEEK					



14. IN THE LAST WEEK, **how much of a problem has it been to** do these things  
BECAUSE OF YOUR SCARS?

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>Dress and undress</b> yourself IN THE LAST WEEK					
<b>Shower or bath</b> yourself IN THE LAST WEEK					
<b>Do activities like</b> <b>brushing your teeth and</b> <b>doing your hair by</b> yourself IN THE LAST WEEK					

15. IN THE LAST WEEK, **how much of a problem has it been to** do these things  
BECAUSE OF YOUR SCARS?

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>Go to places where there</b> <b>were people you didn't know</b> (like shopping or going to the movies) IN THE LAST WEEK					
<b>Do the same things as your</b> <b>friends</b> IN THE LAST WEEK					



#### **Part 4: Friendships and Getting Along With Other People**

16. IN THE LAST WEEK, how happy have you been with **friendships or relationships with people your age?**

*Not at all*

*A little bit*

*Quite a bit*

*Quite a lot*

*A lot*



17. IN THE LAST WEEK, how happy have you been with **the way you got along with people in your family?**

*Not at all*

*A little bit*

*Quite a bit*

*Quite a lot*

*A lot*



18. IN THE LAST WEEK, how worried have you been about **new friendships or relationships with people your age?**

*Not at all*

*A little bit*

*Quite a bit*

*Quite a lot*

*A lot*



**Part 5: The Way You Look**

19. IN THE LAST WEEK, how **bothered** have you been **by** these things?

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>The look of your scars</b>					
<b>The look of your worst scar</b>					

20. IN THE LAST WEEK, how bothered have you been **by people saying things about your scars?**

*Nobody said things about my scars*    *Not at all*    *A little bit*    *Quite a bit*    *Quite a lot*    *A lot*



21. IN THE LAST WEEK, how bothered have you been **by the looks you got from other people** because of your scars?

*Nobody looked at me differently because of my scars*    *Not at all*    *A little bit*    *Quite a bit*    *Quite a lot*    *A lot*



## Part 6: Your Feelings

22. IN THE LAST WEEK, how much **did you feel like this** *BECAUSE OF YOUR SCARS?*

	<i>Not at all</i>	<i>A little bit</i>	<i>Quite a bit</i>	<i>Quite a lot</i>	<i>A lot</i>
<b>Cranky</b> because of your scars					
<b>Nervous or anxious</b> because of your scars					
<b>Worried</b> because of your scars					
<b>Sad</b> because of your scars					
<b>Angry</b> because of your scars					
<b>Not confident</b> because of your scars					
<b>Embarrassed</b> because of your scars					
<b>Upset</b> because of your scars					



**Part 7: What Your Scars Are Like**

23. Did you have **open wounds or sores** in your scars IN THE LAST WEEK?

Yes

No



24. Tell us where the WORST part of your scars is (for example, on your hand).  
If all of your scar is the same write "I do not have a worst scar".

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25. Think about the WORST part of your scars that you just wrote down compared to your normal skin for this question. If you don't have a worst scar think about all of your scars compared to your normal skin.

A. How **TIGHT** was the WORST part of your scars IN THE LAST WEEK?

<p><b>Not tight</b> - the scars did not stop you moving or did not pull at other body parts</p>	<p><b>A little bit tight</b> - the scars stopped you moving or pulled other body parts a little bit</p>	<p><b>A bit tight</b> - the scars stopped you moving or pulled other body parts a bit</p>	<p><b>Quite tight</b> - the scars stopped you moving or pulled other body parts quite a lot</p>	<p><b>Really tight</b> - the scars stopped you moving or pulled other body parts a lot</p>
<p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;"><input type="radio"/></p>	<p style="text-align: center;"><input type="radio"/></p>



26. Think about the WORST part of your scars that you just wrote down compared to your normal skin for these questions. If you don't have a worst scar think about all of your scars compared to your normal skin.

B. How much was the WORST part of your scars like this IN THE LAST WEEK?

	<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</b>					

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

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

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

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

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





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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.