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Dear Colleague,

The Family Pain Questionnaire (FPQ) is a 16-item ordinal scale that measures the knowledge and experience of a family caregiver in managing chronic cancer pain. This tool can be useful in clinical practice, as well as for research. This instrument can be administered by mail or in person.

Directions: The caregiver is asked to read each question thoroughly and decide if he/she agrees with the statement or disagrees. The caregiver is then asked to circle a number to indicate the degree to which he/she agrees or disagrees with the statement according to the word anchors on each end of the scale.

The FPQ includes nine items that measure knowledge about pain and seven items that measure the caregivers experience with pain. All of the items have been formatted such that 0 = the most positive outcome and 10 = the most negative outcome. We have found it most helpful to analyze the data by focusing on the subscales, as well as the individual items, as each item has important implications.

You are welcome to use this instrument in your research/clinical practice to gain information about caregiver knowledge and experience to formulate or evaluate pain management programs. You have permission to duplicate this tool.

This tool is used in conjunction with a version created for use by patients, the Patient Pain Questionnaire (PPQ). The FPQ tool has been tested with established reliability (test retest, internal consistency) and validity (content, construct, concurrent). A series of psychometric analyses were performed on the instrument, including content validity (CVI = .90), construct validity (ANOVA, $p < .05$), concurrent validity ($r = .60$, $p < .05$) factor analysis and test-retest reliability ($r = .80$) established with a retest of caregivers (N=67).

Good luck with your research!

Sincerely,

A handwritten signature in black ink that reads "Betty R. Ferrell PhD, FAAN".

Betty Ferrell, Ph.D., CHPN, FAAN, FPCN
Professor and Director
Nursing Research

REFERENCES:

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FAMILY PAIN QUESTIONNAIRE (FPQ)

Below are a number of statements about cancer pain and pain relief.
Please circle a number on the line to indicate your response.

Knowledge

1. Cancer pain can be effectively relieved.

Agree 0 1 2 3 4 5 6 7 8 9 10 **Disagree**

2. Pain medication should be given only when pain is severe.

Disagree 0 1 2 3 4 5 6 7 8 9 10 **Agree**

3. Most cancer patients on pain medication will become addicted to the medication over time.

Disagree 0 1 2 3 4 5 6 7 8 9 10 **Agree**

4. It is important to give the lowest amount of medication possible to save larger doses for later when the pain is worse.

Disagree 0 1 2 3 4 5 6 7 8 9 10 **Agree**

5. It is better to give pain medication around the clock (on a schedule) rather than only when needed.

Agree 0 1 2 3 4 5 6 7 8 9 10 **Disagree**

6. Treatments other than medication (such as massage, heat, relaxation) can be effective for relieving pain.

Agree 0 1 2 3 4 5 6 7 8 9 10 **Disagree**

7. Pain medication can be dangerous and can often interfere with breathing.

Disagree 0 1 2 3 4 5 6 7 8 9 10 **Agree**

8. Patients are often given too much pain medication

Disagree

0 1 2 3 4 5 6 7 8 9 10

Agree

9. If pain is worse, the cancer must be getting worse.

Disagree

0 1 2 3 4 5 6 7 8 9 10

Agree

Experience

10. Over the past week, how much pain do you feel your family member has had?

No pain

0 1 2 3 4 5 6 7 8 9 10

A great deal

11. How much pain is your family member having now?

No pain

0 1 2 3 4 5 6 7 8 9 10

A great deal

12. How much pain relief is your family member currently receiving?

A great deal

0 1 2 3 4 5 6 7 8 9 10

None

13. How distressing do you think the pain is to your family member?

Not at all

0 1 2 3 4 5 6 7 8 9 10

A great deal

14. How distressing is your family member's pain to you?

Not at all

0 1 2 3 4 5 6 7 8 9 10

A great deal

15. To what extent do you feel you are able to control your family member's pain?

A great deal

0 1 2 3 4 5 6 7 8 9 10

Not at all

16. What do you expect will happen with your family member's pain in the future?

Will get better

0 1 2 3 4 5 6 7 8 9 10

Will get worse

CUESTIONARIO SOBRE EL DOLOR PARA LA FAMILIA (SIGLAS EN INGLES: FPQ)

A continuación se encuentran un número de afirmaciones el dolor ocasionado por el cáncer y su alivio. Favor de marcar uno de los números en el renglón con un círculo para indicar su respuesta.

Conocimiento

1. El dolor del cáncer puede aliviarse efectivamente.

Estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **No estoy de acuerdo**

2. Las medicinas para aliviar el dolor se deben de dar únicamente cuando el dolor sea severo.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

3. La mayoría de los pacientes con cáncer que toman medicamentos para aliviar el dolor a la larga quedarán adictos a los medicamentos.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

4. Es importante dar la menor cantidad posible de la medicina con fines de guardar las dosis más altas para cuando empeore el dolor en un futuro.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

5. Es preferible dar los medicamentos para aliviar el dolor a base continua (según un horario) en vez de solo cuando estos sean necesarios.

Estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **No estoy de acuerdo**

6. Otros tratamientos además de los medicamentos (tales como masajes, tratamientos de calor, relajación) pueden ser eficaces para aliviar el dolor.

Estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **No estoy de acuerdo**

7. Los medicamentos contra el dolor pueden ser peligrosos y con frecuencia pueden interferir con la respiración.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

8. A los pacientes con frecuencia les dan demasiados medicamentos para aliviar el dolor.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

9. Si el dolor empeora, el cáncer deberá estar empeorando.

No estoy de acuerdo 0 1 2 3 4 5 6 7 8 9 10 **Estoy de acuerdo**

Experiencia

10. Durante esta última semana, ¿cuánto dolor ha tenido su pariente?

Ningun dolor 0 1 2 3 4 5 6 7 8 9 10 **Mucho dolor**

11. ¿Cuánto dolor esta sufriendo/sintiendo su pariente en la actualidad?

Ningun dolor 0 1 2 3 4 5 6 7 8 9 10 **Mucho dolor**

12. ¿Cuánto alivio al dolor esta recibiendo su pariente en la actualidad?

Mucho alivio 0 1 2 3 4 5 6 7 8 9 10 **Ningún alivio**

13. ¿Cuánta aflicción/angustia piensa usted que le causa a su pariente el dolor que tiene?

Nada en lo absoluto 0 1 2 3 4 5 6 7 8 9 10 **Muchísima**

14. ¿Cuánta aflicción/angustia le causa a usted el dolor que tiene su pariente?

Nada en lo absoluto 0 1 2 3 4 5 6 7 8 9 10 **Muchísima**

15. ¿Hasta qué punto estima usted que puede controlar el dolor de su pariente?

Muchísima 0 1 2 3 4 5 6 7 8 9 10 **Nada en lo absoluto**

16. ¿Qué piensa usted pasara con el dolor de su pariente en un futuro?

El dolor mejorara 0 1 2 3 4 5 6 7 8 9 10 **El dolor empeorara**