

Trouble with Skin

The aim of the questionnaire is to measure how much your skin problem has affected you **OVER THE LAST WEEK**. Please tick one box for each question

OVER THE LAST WEEK

Very much

Quite a lot

A little

Not at all



How **itchy**, 'scratchy', **sore** or **painful** has your skin been?

OVER THE LAST WEEK

Very much

Quite a lot

A little

Not at all



How upset or **embarrassed**, **self-conscious** or **sad** have you been because of your skin?

Very much

Quite a lot

A little

Not at all



How much has your skin affected your **friendships**?



How much have you changed or worn **different** or **special clothes/shoes** because of your skin?

Very much

Quite a lot

A little

Not at all

Very much

Quite a lot

A little

Not at all



How much has your skin trouble affected **going out**, **playing** or **doing hobbies**?



How much have you avoided **swimming** or **other sports** because of your skin trouble?

Very much

Quite a lot

A little

Not at all

Children's Dermatology Life Quality Index

OVER THE LAST WEEK



- Very much
- Quite a lot
- A little
- Not at all

If **school time**: How much did your skin affect your school work?



If **holiday time**: How has your skin problem interfered with your holiday plans?

- Very much
- Quite a lot
- A little
- Not at all



How much trouble have you had because of your skin with other people **calling you names, teasing, bullying, asking questions or avoiding you**?



- Very much
- Quite a lot
- A little
- Not at all

How much has your **sleep** been affected by your skin problem?

Patient initials: _____ - _____
 Patient study ID: _____ - _____
 Name of visit: _____
 Date of completion: ____ / ____ / ____



- Very much
- Quite a lot
- A little
- Not at all

How much of a problem has the **treatment** for your skin been?

Please check that you have answered EVERY question. Thank you.