

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**?

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


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

☐


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

Very much

☐

Quite a lot

☐

A little

☐

Not at all

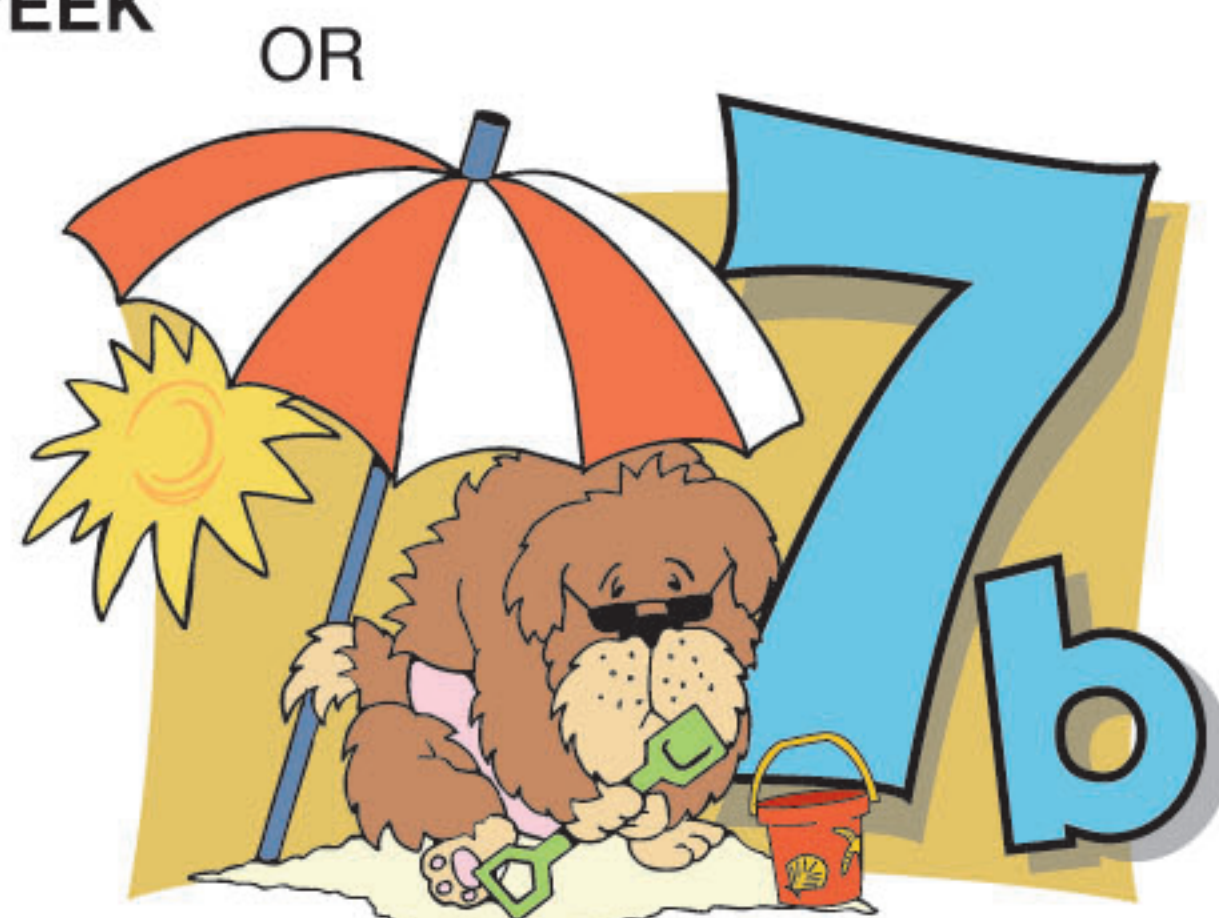
☐


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



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**?

OVER THE LAST WEEK

- 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**?

OVER THE LAST WEEK

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



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

Hospital No.:

Name :

Age:

Address:

Diagnosis:

Date:

CDLQI SCORE:

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- 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.