

# CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX

Hospital No.

Name:

Diagnosis:

Age:

CDLQI

Address:

Date:

SCORE:

**The aim of this questionnaire is to measure how much your skin problem has affected you OVER THE PAST 7 DAYS. Please tick one box for each question.**

- |           |  |  |
|-----------|--|--|
| 1.        | Over the past 7 days, how <b>itchy</b> , " <b>scratchy</b> ", <b>sore</b> or <b>painful</b> has your skin been?  | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 2.        | Over the past 7 days, how <b>embarrassed</b> or <b>self conscious</b> , <b>upset</b> or <b>sad</b> have you been because of your skin?   | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 3.        | Over the past 7 days, how much has your skin affected your <b>friendships</b> ?  | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 4.        | Over the past 7 days, how much have you changed or worn <b>different</b> or <b>special clothes</b> or <b>shoes</b> because of your skin?   | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 5.        | Over the past 7 days, how much has your skin trouble affected <b>going out</b> , <b>playing</b> , or <b>doing hobbies</b> ?  | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 6.        | Over the past 7 days, how much have you avoided <b>swimming</b> or <b>other sports</b> because of your skin trouble?   | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 7.        | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <u>Over the past 7 days,</u><br/>                     was it<br/> <b>school time</b>?                 </div> <div style="flex: 0.5; text-align: center; margin: 0 10px;"> </div> <div style="flex: 1;"> <b>If school time:</b> Over the past 7 days, how much did your skin problem affect your <b>school work</b>?                 </div> </div> | Prevented school <input type="checkbox"/><br>Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/> |
| <b>OR</b> |  |  |
|           | <div style="display: flex; align-items: center;"> <div style="flex: 1;">                     was it<br/> <b>holiday time</b>?                 </div> <div style="flex: 0.5; text-align: center; margin: 0 10px;"> </div> <div style="flex: 1;"> <b>If holiday time:</b> Over the past 7 days, how much has your skin problem interfered with your enjoyment of the <b>holiday</b>?                 </div> </div>           | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 8.        | Over the past 7 days, how much trouble have you had because of your skin with other people <b>calling you names</b> , <b>teasing</b> , <b>bullying</b> , <b>asking questions</b> or <b>avoiding you</b> ?  | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 9.        | Over the past 7 days, how much has your <b>sleep</b> been affected by your skin problem?   | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |
| 10.       | Over the past 7 days, how much of a problem has the <b>treatment</b> for your skin been?   | Very much <input type="checkbox"/><br>Quite a lot <input type="checkbox"/><br>Only a little <input type="checkbox"/><br>Not at all <input type="checkbox"/>  |

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