**TEENAGERS’ QUALITY OF LIFE INDEX (T-QoL©)**

Name: ………………………………………………………….. Date: ……………

Diagnosis (if known): ……………………………………. Score:

**The aim of this questionnaire is to measure the impact that your skin disease has on your Quality of Life at the moment.**

**Sometimes**

**Always**

**Never**

**Please tick one box for each question**

**Self image**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Does your skin condition make you feel self-conscious? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. | Does your skin condition make you feel upset? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. | Does your skin condition make you feel that you look different? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4. | Does your skin condition make you feel that people stare at you? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 5. | Does your skin condition make you feel embarrassed? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 6. | Does your skin condition make you feel uncomfortable in the presence of others? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 7. | Does your skin condition stop you from going to places you would love to go? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 8. | Do you feel the need to cover up the affected areas of your skin condition? |  |  |  |  |  |

**Physical well-being and future aspirations**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9. | Does your skin condition affect your studies/job? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 10. | Does your skin condition make you worry about your future career? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 11. | Does your skin condition cause any pain or discomfort? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 12. | Does your skin condition affect your sleep? |  |  |  |  |  |

**Psychological impact and relationships**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 13. | Does your skin condition make you feel annoyed? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 14. | Do you think a lot about your skin condition? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 15. | Does your skin condition make you avoid meeting new people? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 16. | Do you receive any unfriendly comments from other people about your skin? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 17. | Does your skin condition affect your relationships with friends? |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 18. | Does your skin condition affect your intimate relationships? |  |  |  |  |  |

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

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