**CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX**

Hospital No

Name: Diagnosis: CDLQI

Age: SCORE:

Address: Date:

**The aim of this questionnaire is to measure how much your skin problem has**

**affected you OVER THE LAST WEEK. Please tick one box for each question.**

**1**. Over the last week, how **itchy**, **"scratchy"**, Very much □

 **sore** or **painful** has your skin been? Quite a lot □

 Only a little □

 Not at all □

**2**. Over the last week, how **embarrassed** Very much □

 or **self conscious**, **upset** or **sad** have you Quite a lot □

 been because of your skin? Only a little □

 Not at all □

**3**. Over the last week, how much has your Very much □

 skin affected your **friendships**? Quite a lot □

 Only a little □

 Not at all □

**4**. Over the last week, how much have you changed Very much □

 or worn **different** or **special** **clothes/shoes** Quite a lot □

 because of your skin? Only a little □

 Not at all □

**5**. Over the last week, how much has your Very much □

 skin trouble affected **going out**, **playing**, Quite a lot □

 or **doing hobbies**? Only a little □

 Not at all □

**6**. Over the last week, how much have you Very much □

 avoided **swimming** or **other sports** because Quite a lot □

 of your skin trouble? Only a little □

 Not at all □

**7**. Last week,  **If school time**: Over the Prevented school □   last week, how much did Very much □

was it

 **school time?** your skin problem affect your Quite a lot □

  **school work**? Only a little □

 **OR** Not at all □

 was it **If holiday time**: How much Very much □

 **holiday time?** over the last week, has your Quite a lot □

 skin problem interfered with Only a little □

 your enjoyment of the **holiday**? Not at all □

**8**. Over the last week, how much trouble Very much □

 have you had because of your skin with Quite a lot □

 other people **calling you names**, **teasing**, Only a little □

 **bullying**, **asking questions** or **avoiding you**? Not at all □

**9**. Over the last week, how much has your **sleep** Very much □

 been affected by your skin problem? Quite a lot □

 Only a little □

 Not at all □

**10**. Over the last week, how much of a Very much □

 problem has the **treatment** for your Quite a lot □

 skin been? Only a little □

 Not at all □

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

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