

***This questionnaire is for children ages four years and older.***

***We are interested in finding out how children feel about their eczema. Some children may need their parents' help in reading and filling out the questionnaire, but please make sure that answers reflect how YOUR CHILD feels about his/her eczema!***

## Children's Dermatology Life Quality Index

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child Age: \_\_\_\_\_ Parent Completing Form (circle): Mother Father Other Caregiver

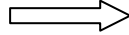
**The aim of this questionnaire is to measure how much your skin problem has affected you OVER THE LAST WEEK. Please check one box for each question.**

- |    |  |   |
|----|--|---|
| 1. | Over the last week, how <b>itchy</b> , " <b>scratchy</b> ", <b>sore</b> or <b>painful</b> has your skin been?  | Very much <input type="checkbox"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |
| 2. | Over the last week, 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"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |
| 3. | Over the last week, how much has your skin affected your <b>friendships</b> ?  | Very much <input type="checkbox"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |
| 4. | Over the last week, how much have you changed or worn <b>different</b> or <b>special clothes/shoes</b> because of your skin?   | Very much <input type="checkbox"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |
| 5. | Over the last week, how much has your skin trouble affected <b>going out</b> , <b>playing</b> , or <b>doing hobbies</b> ?  | Very much <input type="checkbox"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |
| 6. | Over the last week, how much have you avoided <b>swimming</b> or <b>other sports</b> because of your skin trouble?   | Very much <input type="checkbox"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |
| 7. | <u>Last week,</u><br>was it<br><b>school time</b> ?  | Prevented school <input type="checkbox"/> |
|    |  <b>If school time:</b> Over the last week, how much did your skin affect your <b>school work</b> ? | Very much <input type="checkbox"/>        |
|    |  | Quite a lot <input type="checkbox"/>      |
|    |  | Only a little <input type="checkbox"/>    |
|    |  | Not at all <input type="checkbox"/>       |

OR

Questions continue on the reverse side

was it  
**vacation time?**



**If vacation time:** How much over the last week, has your skin problem interfered with your enjoyment of the **vacation**?

Very much   
Quite a lot   
Only a little   
Not at all

8. Over the last week, 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   
Only a little   
Not at all
9. Over the last week, how much has your **sleep** been affected by your skin problem?  
Very much   
Quite a lot   
Only a little   
Not at all
10. Over the last week, how much of a problem has the **treatment** for your skin been?  
Very much   
Quite a lot   
Only a little   
Not at all