

Dermatitis Family Impact Questionnaire

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 child's skin problem has affected you and your family OVER THE LAST WEEK. Please check one box for each question.

- | | | | |
|----|--|--|--|
| 1. | Over the <u>last week</u> , how much effect has your child having eczema had on housework , e.g. washing, cleaning. | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 2. | Over the <u>last week</u> , how much effect has your child having eczema had on food preparation and feeding . | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 3. | Over the <u>last week</u> , how much effect has your child having eczema had on the sleep of others in family . | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 4. | Over the <u>last week</u> , how much effect has your child having eczema had on family leisure activities , eg swimming. | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 5. | Over the <u>last week</u> , how much effect has your child having eczema had on time spent on shopping for the family . | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 6. | Over the <u>last week</u> , how much effect has your child having eczema had on your expenditure , eg costs related to treatment, clothes, etc. | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 7. | Over the <u>last week</u> , how much effect has your child having eczema had on causing tiredness or exhaustion in your child's parents/caregivers. | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 8. | Over the <u>last week</u> , how much effect has your child having eczema had on causing emotional distress such as depression, frustration or guilt in your child's parents/caregivers. | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 9. | Over the <u>last week</u> , how much effect has your child having eczema had on relationships between the main caregiver and partner or between the main caregiver and other children | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |

Questions continue on the reverse side

in the family.

10. Over the last week, how much effect has **helping with your child's treatment** had on the main caregiver's life.

Very much

A lot

A little

Not at all

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