

This questionnaire is for children under four years of age.

Infant's Dermatology Quality of Life Index

Child's Name: _____ Today's Date: _____

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

The aim of this questionnaire is to record how your child's eczema has been. Each question concerns THE LAST WEEK ONLY. Please answer every question.

Exzema Severity

Over the last week, **how severe** do you think your child's eczema has been?; i.e. how red, scaly, inflamed or widespread.

Extremely severe
Severe
Average
Fairly good
None

Life Quality Index

1. Over the last week, how much has your child been **itching and scratching**?
All the time
A lot
A little
None
2. Over the last week, what has your child's **mood** been?
Always crying, extremely difficult
Very fretful
Slightly fretful
Happy
3. Over the last week approximately how much **time** on average has it taken to **get your child off to sleep** each night?
More than 2 hrs
1 - 2 hrs
15mins - 1 hr
0-15mins
4. Over the last week, what was the **total time** that your child's **sleep was disturbed** on average each night?
5 hrs or more
3 - 4 hrs
1 - 2 hrs
Less than 1 hour
5. Over the last week, has your child's eczema interfered with **playing or swimming**?
Very much
A lot
A little
Not at all
6. Over the last week, has your child's eczema interfered with your child **taking part in or enjoying other family activities**?
Very much
A lot
A little
Not at all

Questions continue on the reverse side

- | | | | |
|-----|---|-----------|--------------------------|
| 7. | Over the last week, have there been problems with your child at mealtimes because of the eczema? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | None | <input type="checkbox"/> |
| 8. | Over the last week, have there been problems with your child caused by the treatment ? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | None | <input type="checkbox"/> |
| 9. | Over the last week, has your child's eczema meant that dressing and undressing the child has been uncomfortable ? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | None | <input type="checkbox"/> |
| 10. | Over the last week how much has your child having eczema been a problem at bathtime ? | Very much | <input type="checkbox"/> |
| | | A lot | <input type="checkbox"/> |
| | | A little | <input type="checkbox"/> |
| | | None | <input type="checkbox"/> |

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