

Trouble with Skin

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.

OVER THE LAST WEEK

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How **itchy**, “**scratchy**”, **sore** or **painful** has your skin been?

OVER THE LAST WEEK

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How **upset** or **embarrassed**, **self conscious** or **sad** have you been because of your skin?

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How much has your skin affected your **friendships**?

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How much have you changed or worn **different** or **special clothes/shoes** because of your skin?

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How much has your skin trouble affected **going out**, **playing**, or **doing hobbies**?

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How much have you avoided **swimming** or **other sports** because of your skin trouble?

Children's Dermatology Life Quality Index

EITHER



If **school time**: How much did your skin affect your **school work**?

OVER THE LAST WEEK

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐

OR



If **vacation time**: How much has your skin problem interfered with your **vacation plans**?

OVER THE LAST WEEK

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How much trouble have you had because of your skin with other people **calling you names, teasing, bullying, asking questions** or **avoiding you**?

OVER THE LAST WEEK

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐


How much has your **sleep** been affected by your skin problem?

Hospital No.:

Name:

Age:

Address:

Diagnosis:

Date:

CDLQI SCORE:

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How much of a problem has the **treatment** for your skin been?

Very much

☐

Quite a lot

☐

A little

☐

Not at all

☐

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