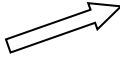
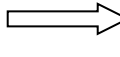


CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX

CDLQI
SCORE:

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.

- | | | |
|--|--|--|
| <p>1. Over the last week, how itchy, "scratchy", sore or painful has your skin been?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |
| <p>2. Over the last week, how embarrassed or self conscious, upset or sad have you been because of your skin?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |
| <p>3. Over the last week, how much has your skin affected your friendships?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |
| <p>4. Over the last week, how much have you changed or worn different or special clothes/shoes because of your skin?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |
| <p>5. Over the last week, how much has your skin trouble affected going out, playing, or doing hobbies?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |
| <p>6. Over the last week, how much have you avoided swimming or other sports because of your skin trouble?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |
| <p>7. <u>Last week</u>,
was it
school time?</p> |  | <p>If school time: Over the last week, how much did your skin problem affect your school work?</p> <p>Prevented school <input type="checkbox"/>
 Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> |
| <p style="text-align: center;">OR</p> <p>was it
holiday time?</p> |  | <p>If holiday time: How much over the last week, has your skin problem interfered with your enjoyment of the holiday?</p> <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> |
| <p>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?</p> | <p>Very much <input type="checkbox"/>
 Quite a lot <input type="checkbox"/>
 Only a little <input type="checkbox"/>
 Not at all <input type="checkbox"/></p> | <p><input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/>
 <input type="checkbox"/></p> |



A PROJECT OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Patient initials: _____ - _____

Patient study ID: _____ - _____

Name of visit: _____

Date of completion: _____ / _____ / _____

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

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