

Patient initials: \_\_\_\_\_ - \_\_\_\_\_

Patient study ID: \_\_\_\_\_ - \_\_\_\_\_

Name of visit: \_\_\_\_\_

Date of completion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INFANTS' DERMATITIS QUALITY OF LIFE INDEX (IDQOL)**

**IDQOL SCORE**

**The aim of this chart is to record how your child's dermatitis has been. Each question concerns THE LAST WEEK ONLY. Please could you answer every question.**

**Dermatitis Severity**

Over the last week, **how severe** do you think your child's dermatitis 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

7. Over the last week, have there been problems with your child at **mealtimes** because of the eczema?

- Very much
- A lot
- A little
- None

8. Over the last week, have there been problems with your child caused by the **treatment**?

- Very much
- A lot
- A little
- None

9. Over the last week, has your child's eczema meant that **dressing and undressing** the child has been **uncomfortable**?

- Very much
- A lot
- A little
- None

10. Over the last week how much has your child

- Very much

**Please can you check that you have answered every question.**

having eczema been a problem at **bath**time?

A lot

A little

None