The aim of the 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

1. How itchy, ‘scratchy’, sore or painful has your skin been?
   - Very much
   - Quite a lot
   - A little
   - Not at all

2. 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

3. How much has your skin affected your friendships?
   - Very much
   - Quite a lot
   - A little
   - Not at all

4. 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

5. How much has your skin trouble affected going out, playing or doing hobbies?
   - Very much
   - Quite a lot
   - A little
   - Not at all

6. How much have you avoided swimming or other sports because of your skin trouble?
   - Very much
   - Quite a lot
   - A little
   - Not at all

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OVER THE LAST WEEK

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

Very much □ Quite a lot □  A little □  Not at all □

If holiday time: How has your skin problem interfered with your holiday plans?

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?

Very much □  Quite a lot □  A little □  Not at all □

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

Very much □  Quite a lot □  A little □  Not at all □

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.