

CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX

Hospital No

Name:

Diagnosis:

CDLQI

Age:

SCORE:

Address:

Date:

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.

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

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