# 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<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **2**. | Over the last week, how **embarrassed** or **self conscious**, **upset** or **sad** have you been because of your skin? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **3**. | Over the last week, how much has your skin affected your **friendships**? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **4**. | Over the last week, how much have you changed or worn **different** or **special clothes/shoes** because of your skin? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **5**. | Over the last week, how much has your skin trouble affected **going out**, **playing**, or **doing hobbies**? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **6**. | Over the last week, how much have you avoided **swimming** or **other sports** because of your skin trouble? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **7**. | Last week, was it **school time?**<br><br>**OR**<br><br>was it **holiday time?** | **If school time**: Over the last week, how much did your skin problem affect your **school work**?<br><br>**If holiday time**: How much over the last week, has your skin problem interfered with your enjoyment of the **holiday**? | Prevented school ☐<br>Very much ☐<br>Quite a lot ☐<br>Only a little ☐<br>Not at all ☐<br><br>Very much ☐<br>Quite a lot ☐<br>Only a little ☐<br>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<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **9**. | Over the last week, how much has your **sleep** been affected by your skin problem? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |
| **10**. | Over the last week, how much of a problem has the **treatment** for your skin been? | Very much<br>Quite a lot<br>Only a little<br>Not at all | ☐<br>☐<br>☐<br>☐ |

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

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