The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick ✓ one box for each question.

1
Over the last week, how itchy, sore, painful or stinging has your skin been?

- Very much □
- A lot □
- A little □
- Not at all □

2
Over the last week, how embarrassed or self conscious have you been because of your skin?

- Very much □
- A lot □
- A little □
- Not at all □

3
Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?

- Very much □
- A lot □
- A little □
- Not at all □
- Not relevant □

4
Over the last week, how much has your skin influenced the clothes you wear?

- Very much □
- A lot □
- A little □
- Not at all □
- Not relevant □

5
Over the last week, how much has your skin affected any social or leisure activities?

- Very much □
- A lot □
- A little □
- Not at all □
- Not relevant □
6
Over the last week, how much has your skin made it difficult for you to do any sports?

- Very much
- A lot
- A little
- Not at all
- Not relevant

7
Over the last week, has your skin prevented you from working or studying?

- Yes
- No
- Not relevant

If "No", over the last week, how much has your skin been a problem at work or studying?

- A lot
- A little
- Not at all

8
Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?

- Very much
- A lot
- A little
- Not at all
- Not relevant

9
Over the last week, how much has your skin caused any sexual difficulties?

- Very much
- A lot
- A little
- Not at all
- Not relevant

10
Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy or by taking up time?

- Very much
- A lot
- A little
- Not at all
- Not relevant

Please check you have answered EVERY question. Thank you.

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