

Patient-Reported Impact of Dermatological Diseases

We know dermatological conditions impact people over a long period of time, but this questionnaire aims to measure how much your dermatological condition has affected your life **OVER THE LAST MONTH**. Please **consider each question in relation to your dermatological condition**. **Mark one box** only for each question. We have provided examples to give you an idea of the things you might consider, but these should not limit your answers. Dermatological conditions can affect the skin, hair, nails and/or mucous membrane. The word 'skin' here includes any of these aspects relevant to your condition.

Because of my dermatological condition...

1	...I have experienced physical discomfort, soreness or irritation	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
2	...my sleep has been disturbed	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
3	... I have felt tired, fatigued or lacked energy	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
4	...my general physical health has been negatively affected	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
5	...my treatment has caused practical problems (for example, by taking up time or being messy)	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
6	...my leisure time (for example, hobbies, sports or exercise) has been negatively affected	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
7	...my everyday choices have been affected (for example, choice of clothes, hairstyle or products)	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
8	...I rely on others to help me with everyday tasks	☐	☐	☐	☐	☐
		Never	Occasionally	Often		Always
9	...I have had extra expenses	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
10	...I have felt anxious, worried or nervous	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
11	...my condition has dominated my thoughts	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always

12	...I have felt depressed or low in mood	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
13	...my relationships with those close to me have been negatively affected	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
14	...my social life or social interactions have been negatively affected	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
15	...I have been prevented from or found it difficult to be intimate with another person	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always
16	... I have struggled to perform roles important to me (for example, to be caregiver / parent / partner / employee / student)	☐	☐	☐	☐	☐
		Never	Rarely	Sometimes	Often	Always

Please make sure you have answered every question.

Thank you.

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