CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX (CDLQI)

Hospital No: _____ **Diagnosis:** _____

Name: _____ _____

Age: _____ **Date:** _____

Address: _____ **CDLQI Score:** _____

_____

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

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

3. Over the last week, how much has your skin affected your **friendships?**
   - ☐ Very much
   - ☐ Quite a lot
   - ☐ Only a little
   - ☐ Not at all

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

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

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

7. Last week,
   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

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

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

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

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CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX (CDLQI)

Instructions for use

The Children's Dermatology Life Quality Index questionnaire is designed for use in children, i.e. patients aged 4 to 16 years. It is self-explanatory and can be simply handed to the patient who is asked to fill it in with the help of the child's parent or guardian, as necessary, without the need for detailed explanation. It is usually completed in one or two minutes.

CDLQI Score:

Scoring

The scoring of each question is as follows:

Very much	scored 3
Quite a lot	scored 2
Only a little	scored 1
Not at all	scored 0
Question 7, 'prevented school'	scored 3

Scoring notes:

How to interpret meaning of CDLQI scores

0 – 1	No effect on child's life
2 – 6	Small effect on child's life
7 – 12	Moderate effect on child's life
13 – 18	Very large effect on child's life
19 – 30	Extremely large effect on child's life

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