

Does your child have neurodermatitis?

Yes

No

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... my child had lot of sores that had been scratched open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... my child slept poorly at night because of itchiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... my child was sad because of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... creaming his/her skin and taking medication annoyed my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... my child felt ashamed because of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... my child was dissatisfied with him/herself because of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ... there was trouble at home because of his/her scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ... I gave my child orders because of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ... my child was teased by others because of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... my child was left out by others when they did things together, because of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ... my child was distracted at school because of the itchiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ... my child took part in PE lessons in spite of his/her skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often during the past week did your child have complaints because of his/her skin (neurodermatitis)?

never
 seldom
 sometimes
 often
 all the time

14. How severe were his/her skin complaints during the past week?

none at all
 somewhat severe
 moderately severe
 fairly severe
 very severe

15. How much did your child's skin complaints bother him/her during the past week?

not at all
 somewhat
 moderately
 fairly much
 very much