

Family impact of childhood eczema

[To be completed by parent/guardian]

What is your relationship with the child? (e.g. mother/father): _____

How old are you? Less than 25 yrs 25 to 35 yrs
36 to 45 yrs Older than 45 yrs

The aim of this questionnaire is to measure how much your child's skin problem has affected you and your family OVER THE LAST WEEK. Please tick \surd one box for each question.

- | | | |
|--|------------|--------------------------|
| 1. Over the <u>last week</u> , how much effect has your child having eczema had on housework, e.g. washing and cleaning? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 2. Over the <u>last week</u> , how much effect has your child having eczema had on food preparation and feeding? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 3. Over the <u>last week</u> , how much effect has your child having eczema had on the sleep of others in your family? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 4. Over the <u>last week</u> , how much effect has your child having eczema had on family leisure activities e.g. swimming? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 5. Over the <u>last week</u> , how much effect has your child having eczema had on time spent on shopping for the family? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 6. Over the <u>last week</u> , how much effect has your child having eczema had on your expenditure, e.g. costs related to treatment, clothes etc? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 7. Over the <u>last week</u> , how much effect has your child having eczema had on causing tiredness or exhaustion in your child's parents / carers. | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |
| 8. Over the <u>last week</u> , how much effect has your child having eczema had on causing emotional distress such as depression, frustration or guilt in your child's parents / carers? | Very much | <input type="checkbox"/> |
| | A lot | <input type="checkbox"/> |
| | A little | <input type="checkbox"/> |
| | Not at all | <input type="checkbox"/> |

9. Over the last week, how much effect has your child having eczema had on relationships between the main carer and partner or between the main carer and other children in the family?
- Very much
A lot
A little
Not at all
10. Over the last week, how much effect has helping with your child's treatment had on the main carer's life?
- Very much
A lot
A little
Not at all

Please check that you have answered EVERY question.

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