

1. Please rate the overall quality of your life in each of the following areas (check the box under the appropriate rating).

Area	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
WORK					
FAMILY RELATIONSHIPS					
SOCIAL LIFE					
SEXUAL RELATIONSHIPS*					
RECREATION & LEISURE					
PHYSICAL HEALTH					
MONEY MATTERS					
EMOTIONAL WELL-BEING					

* If you are not having a sexual relationship, then rate your current satisfaction.

2. Now, we would like you to think about how your life would be if you did not have alopecia areata. Rate the quality of your life in each of the following areas as you think it would be if you no longer had alopecia areata (check the box under the appropriate rating).

Area	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
WORK					
FAMILY RELATIONSHIPS					
SOCIAL LIFE					
SEXUAL RELATIONSHIPS*					
RECREATION & LEISURE					
PHYSICAL HEALTH					
MONEY MATTERS					
EMOTIONAL WELL-BEING					

* If you are not having a sexual relationship, then rate your current satisfaction.

Skindex-16

→ Please check the box under the column corresponding to your answer

During the past week, how often have you been bothered by:

	Never Bothered				Always Bothered			
	1	2	3	4	5	6	7	
1. Your skin condition itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Your skin condition burning/stinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Your skin condition hurting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Your skin condition being irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The persistence/reoccurrence of your skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Worry about your skin condition (for example: that it will spread, get worse, scar, be unpredictable, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The appearance of your skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Frustration about your skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Embarrassment about your skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Being annoyed about your skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Feeling depressed about your skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. The effects of your skin condition on your interactions with others (for example: interactions with family, friends, close relationships, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. The effects of your skin condition on your desire to be with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Your skin condition making it hard to show affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. The effects of your skin condition on your daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Your skin condition making it hard to work or do what you enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DLQI

*Dear Patient: The purpose of this part of the survey is to measure how much your skin problem has affected you **during the past week**. Please **check 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**?

Very much A lot A little Not at all

4. Over the last week, how much has your skin influenced the **cosmetics** you wear?

Very much A lot A little Not at all

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

Very much A lot A little Not at all

6. Over the last week, how much has your skin made it difficult for you to do any **sport**?

Very much A lot A little Not at all

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

Yes No

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

Very much 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

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

Very much A lot A little Not at all

10. Over the last week, how much has the **treatment** for your skin taken up your time?

Very much A lot A little Not at all

Brief FNE

	Not At All Characteristic Of Me		Extremely Characteristic Of Me		
	1	2	3	4	5
1. I worry about what people will think of me even when I know it doesn't make any difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am unconcerned even if I know people are forming an unfavorable impression of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am frequently afraid of other people noting my shortcomings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I rarely worry about what kind of impression I am making on someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am afraid that others will not approve of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am afraid that people will find fault with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other people's opinions of me do not bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I am talking to someone, I worry about what they may be thinking about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am usually worried about what kind of impression I make.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If I know someone is judging me, it has little effect on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sometimes I think I am too concerned with what other people think of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I often worry that I will say or do the wrong things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time ended survey: _____.

Short Form ID#: _____
Long Form ID# _____

Date of Revision: June 2004

Thank you for filling out this questionnaire for the Alopecia Areata Registry. If you have any questions or comments, we can be contacted at:

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