

# Health Questionnaire

for hand eczema patients

Please indicate how often you were *bothered* by the following situations during *the last seven days*:

I have been bothered by the skin condition of my hands...	never	rarely	sometimes	often	all the time
... being <b>painful</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... <b>restricting/impairing me in my job</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... <b>restricting/impairing me in doing everyday home duties</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because I <b>have to wear gloves</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... making me feel <b>frustrated</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... <b>itching</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because <b>treatment is time consuming</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... making me feel <b>annoyed</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... causing <b>loss of sleep</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... making me feel <b>anxious about the future</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Health Questionnaire

for hand eczema patients

Please refer to the **last 7 days** and to the skin of **your hands** only!

I have been bothered by the skin condition of my hands...

never rarely sometimes often all the time

... fissuring.

... restricting/impairing me in my leisure time activities (e.g. sports, , hobbies)

... because I have to use creams.

... causing problems washing myself.

... causing problems dressing myself.

... making me feel I have to hide my hands.

... because it leads to me avoiding contact with other people.

... because I have to visit a physician.

... making me feel sad / depressed.

... because of redness

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Please refer to the **last 7 days** and to the skin of **your hands** only!

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I have been bothered by the skin condition of my hands...      never   rarely   sometimes   often   all the time

... making me feel irritated.                 

... because I have to avoid contact with certain things.                 

... bleeding.                 

... because of worrying about side effects of treatment.                 

... affecting my family life and friendships.                 

... because of the treatment costs I have to cover myself.                 

... making me feel embarrassed.                 

... because of dryness.                 

... when touching my family or partner.                 

... making me feel nervous.                 

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