

# ABQOL Questionnaire

Name: \_\_\_\_\_

Date : \_\_\_\_\_

DOB: \_\_\_\_\_

Sex: M/F

Contact Number : \_\_\_\_\_

- Pemphigus Subtype:
- Pemphigus Vulgaris
- Epidermolysis Bullosa Acquisita
- Bullous Pemphigoid
- Linear IgA Bullous Dermatoses
- Pemphigus Foliaceus
- Mucous Membrane Pemphigoid

Other.....

The following questions ask about the ways in which *blistering disease* affects your quality of life.

**Please choose an option from the right hand column which most closely correlates to how you felt *within the last week*.**

Please indicate the time started the survey: \_\_\_\_\_ AM/PM

<p>1. In regards to your blistering disease, does your skin burn, sting or hurt in any way?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
<p>2. In regards to your blistering</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> </ul>



<p>disease, does your skin itch?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
<p>3. Have you had to change your clothing because of your blistering disease?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> I have to be very careful with how tight my clothing is and what materials they are made of – I have had to change what I wear all the time</li> <li><input type="radio"/> I have had to change most of the things I wear</li> <li><input type="radio"/> I have had to change some of the things I wear</li> <li><input type="radio"/> I have never had to change what I wear</li> </ul>
<p>4. Do you notice your skin heals slowly?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> I notice this all the time</li> <li><input type="radio"/> I notice this sometimes</li> <li><input type="radio"/> I notice this occasionally</li> <li><input type="radio"/> I have never had this problem</li> </ul>
<p>5. Do you have difficulty bathing or showering because of your blistering disease?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
<p>6. In regards to your blistering disease, does your mouth have erosions which are painful?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
<p>7. In regards to your blistering disease, do your gums bleed</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> </ul>

easily?	<ul style="list-style-type: none"> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
8. Does your blistering disease result in you having to avoid food or drinks that you enjoy?	<ul style="list-style-type: none"> <li><input type="radio"/> I can no longer eat any of the foods I used to enjoy</li> <li><input type="radio"/> I can eat some of the foods I enjoy</li> <li><input type="radio"/> I can eat most of the foods I enjoy</li> <li><input type="radio"/> I can eat anything I like</li> </ul>
9. As a result of your blistering disease, are you embarrassed about your appearance?	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
10. Do you feel depressed or angry because of your blistering disease?	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
11. Do you feel anxious or cannot relax as a result of your blistering disease?	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
12. Do you worry that friends and	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> </ul>

<p>family find your blistering skin condition tiresome?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
<p>13. Is your blistering disease causing sexual difficulties?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Occasionally</li> <li><input type="radio"/> Never</li> </ul>
<p>14. Does your blistering disease affect relationships with friends or loved ones?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> I have had to end a relationship because of my disease OR I cannot have a relationship because of my disease</li> <li><input type="radio"/> Relationships are very difficult</li> <li><input type="radio"/> Relationships are a little difficult</li> <li><input type="radio"/> This has not affected my relationships</li> </ul>
<p>15. Does your blistering disease affect your social life?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> I cannot go out to socialize any more</li> <li><input type="radio"/> I can only go to some social events</li> <li><input type="radio"/> I can go to most social events</li> <li><input type="radio"/> My social life is not affected</li> </ul>
<p>16. Does your blistering disease affect your work or study?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, I can no longer work or study</li> <li><input type="radio"/> Yes, I find it difficult to work or study</li> <li><input type="radio"/> Yes, it is a little harder than before to work or</li> </ul>

	<p>study</p> <ul style="list-style-type: none"> <li><input type="radio"/> No, I am not affected <b>OR</b> N/A</li> </ul>
<p>17. Do employers discriminate against you because of your blistering disease?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> I cannot find a job due to my blistering disease</li> <li><input type="radio"/> I have had to change jobs due to my blistering disease</li> <li><input type="radio"/> I still have my job but it is more difficult than before</li> <li><input type="radio"/> My employers are completely understanding <b>OR</b> N/A</li> </ul>

Please indicate the time finished the survey: \_\_\_\_\_ AM/PM

## Thank you for taking the time to complete this questionnaire

- All the time - 3 points
- Sometimes - 2 points
- Occasionally - 1 point
- Never - 0 points

Total score - ..... points.