

# TABQOL Questionnaire

The questionnaire deals with the effect of your bullous disease condition (or illness) on your quality of life.

Please choose the item in the right hand column which best corresponds with your observations **during the last week.**

Please indicate the starting time of the survey

<p>1. Have you noticed any bleeding or a tendency to bruise easily since starting your bullous disease treatment ?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Often</li> <li><input type="radio"/> Sometimes</li> <li><input type="radio"/> Never, I have never had this problem.</li> </ul>
<p>2. Has contact with hot or cold water bothered you since starting your bullous disease treatment ?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> I am really sensitive to temperature variations</li> <li><input type="radio"/> I am sometimes sensitive to temperature variations</li> <li><input type="radio"/> I am occasionally sensitive to temperature variations</li> <li><input type="radio"/> I have never had this problem</li> </ul>
<p>3. Do you have to take your bullous disease treatment at a set time ?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, it is really frustrating (I have to change my meal times or sleep)</li> <li><input type="radio"/> Yes, it bothers me</li> <li><input type="radio"/> Yes, but it does not bother me</li> <li><input type="radio"/> No</li> </ul>
<p>4. Are you taking a lot of medication for your bullous disease ?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, it is really annoying</li> <li><input type="radio"/> Yes, it is pretty annoying</li> <li><input type="radio"/> Yes, but it does not bother me</li> <li><input type="radio"/> No</li> </ul>
<p>5. Have you experienced any swelling after taking your bullous disease treatment ?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Most of the time</li> <li><input type="radio"/> At certain times</li> <li><input type="radio"/> Not at all</li> </ul>
<p>6. Does your bullous disease treatment bother you for walking ?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> All the time</li> <li><input type="radio"/> Most of the time</li> <li><input type="radio"/> At certain times</li> <li><input type="radio"/> Not at all</li> </ul>

<p><b>7.</b> Do you think as quickly and are you as clear minded as before your bullous disease treatment ?</p>	<ul style="list-style-type: none"> <li>○ No, it is really annoying</li> <li>○ No, it's pretty annoying</li> <li>○ No, but it does not bother me</li> <li>○ Yes, I do not have this problem</li> </ul>
<p><b>8.</b> Do you think your bullous disease treatment takes up a lot of time ?</p>	<ul style="list-style-type: none"> <li>○ Yes, it is really annoying</li> <li>○ Yes, it's pretty annoying</li> <li>○ Yes, but it does not bother me</li> <li>○ No</li> </ul>
<p><b>9.</b> Do the blood tests for your bullous disease bother you ?</p>	<ul style="list-style-type: none"> <li>○ Yes, I really hate and dread all blood tests</li> <li>○ Yes, I do not like blood tests</li> <li>○ Yes, I sometimes dread them.</li> <li>○ No, it does not bother me</li> </ul>
<p><b>10.</b> Are you afraid of a relapse or your illness worsening when your are offered lower doses of treatment ?</p>	<ul style="list-style-type: none"> <li>○ Yes, I think about it all the time</li> <li>○ Yes, it really worries me</li> <li>○ Yes, It worries me sometimes</li> <li>○ No, it never worries me</li> </ul>
<p><b>11.</b> Are you afraid that your bullous disease treatment could be dangerous ?</p>	<ul style="list-style-type: none"> <li>○ I'm always afraid of adverse effects</li> <li>○ I am sometimes worried about adverse effects</li> <li>○ I'm rarely worried about adverse effects</li> <li>○ It's never worried me</li> </ul>
<p><b>12.</b> Does your bullous disease treatment make you tired or lethargic ?</p>	<ul style="list-style-type: none"> <li>○ Yes, all the time</li> <li>○ Yes, often</li> <li>○ Yes, sometimes</li> <li>○ No, never</li> </ul>
<p><b>13.</b> Are you afraid of getting sick (flu ...) because of the immunosuppressive therapy prescribed for your bullous disease ?</p>	<ul style="list-style-type: none"> <li>○ Yes, it worries me all the time</li> <li>○ Yes, it worries me a lot</li> <li>○ Yes, it worries me sometimes</li> <li>○ No, it doesn't worry me</li> </ul>
<p><b>14.</b> Have you had to limit your activities for fear of becoming ill because of your bullous disease treatment ?</p>	<ul style="list-style-type: none"> <li>○ Yes, I no longer do any of the activities that I like</li> <li>○ Yes, I have had to give up a lot of things that I like</li> <li>○ Yes, I have had to give up some of the</li> </ul>

<p><b>15.</b> Do you have dark thoughts or nightmares since starting your bullous disease treatment ?</p> <p><b>16.</b> Does your bullous disease bother you for your holidays ?</p> <p><b>17.</b> Has your bullous disease treatment caused you any financial difficulties ?</p>	<p>activities that I like</p> <ul style="list-style-type: none"> <li>○ No, I can still do everything I like.</li> <li>○ All the time</li> <li>○ Often</li> <li>○ Sometimes</li> <li>○ Never</li> </ul> <ul style="list-style-type: none"> <li>○ I can't go on holiday any more, it's too tiring and a source of inconvenience</li> <li>○ Going on holiday is hard</li> <li>○ Going on holiday is a bit more difficult than before</li> <li>○ My bullous disease does not stop me from going on holiday</li> </ul> <ul style="list-style-type: none"> <li>○ Yes, I can't afford to buy my treatment</li> <li>○ Yes, I have had to cut down on my expenses a lot</li> <li>○ Yes, I have had to cut down on my expenses a little</li> <li>○ No</li> </ul>
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- All the time – 3 points
- Sometimes – 2 points
- Occasionally – 1 point
- Never – 0 points

Total score - ..... points.

