

Characteristics of Itch Questionnaire

Personal Information | Itch History | Characteristics of Itch |

PERSONAL INFORMATION

Sex M F

Country

Your Age

Family Status N M D
S W

N = never married, M = married,
D = divorced, S = separated,
W = widow/widower

Which of the following best describes your primary racial or ethnic identification?

(check all that apply)

- Black
- Hispanic
- Native American
- White
- Asian
- Pacific Islander
- Other

What is the highest level of education that you have completed?

(check the appropriate box)

- No formal education
- Some grade school
- Completed grade school
- Some high school
- Completed high school
- Some college
- Completed 2 or 4 year college
- Some graduate education
- A graduate or professional degree

Are you presently:

(check the appropriate box)

- Employed full-time
- Employed part-time
- Unemployed
- Retired
- Student
- Full-time homemaker

How would you classify your overall health status?

(check only one)

- Poor
- Fair
- Good
- Excellent

Medical History:

Atopic Dermatitis (Eczema) Psoriasis Neither

Dermatologic Diagnosis(es)

Current Medication(s)

ITCH HISTORY

Do you currently suffer from itch?

- Yes
- No

Have you suffered from itch within the past year?

- Yes
- No

How many months/years have you suffered from itch?

How often does your itch occur?

(check the appropriate box)

- Greater than 10 episodes per day
- 5 to 10 episodes per day
- 2 to 4 episodes per day
- 1 episode per day
- 2 to 6 episodes per week
- 1 episode per week
- 1 episode per month
- Less than 1 episode per month

Which of the following symptoms occur along with your itch?

(check all that apply)

- Pain within the area of itch
- Sweating
- Heat sensation
- Cold sensation
- Other

Where is your itch located?

(choose all that apply)

- | | | <u>Anterior</u> | <u>Posterior</u> |
|-----------------------------------|---------|--------------------------|--------------------------|
| <input type="checkbox"/> Face | Hand | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Scalp | Forearm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Neck | Arm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shoulder | Thigh | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Armpit | Shin | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest | Foot | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen | Other | <input type="text"/> | |
| <input type="checkbox"/> Back | | | |
| <input type="checkbox"/> Buttocks | | | |

CHARACTERISTICS OF ITCH

0 (not at all), 1 (to a minimal extent), 2 (to a mild extent), 3 (to a moderate extent), 4 (to a great extent)

To what extent do the descriptions below match your itch?

	0	1	2	3	4		0	1	2	3	4
pulsating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sharp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
throbbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	tingling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prickling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	comes in waves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hurting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tickling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unbearable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	annoying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stinging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bothersome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
warm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	mosquito bite-like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
burning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unpleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
penetrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	awful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
inflaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bothering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
disgusting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	unmanageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tiresome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	my only desire, no itch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	stubborn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
restricting my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
disturbing my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pricking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4		0	1	2	3	4
more when cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	dreadful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	oppressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
more when warm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	insistent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pinprick-like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	uncontrollable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	terrible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feels ant-like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	torturing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
like sunburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

When do you feel the itch?

	0	1	2	3	4	check yes or no, if applicable	Y	N
in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	constantly (all day and night)	<input type="radio"/>	<input type="radio"/>
during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	constantly during the day	<input type="radio"/>	<input type="radio"/>
in the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	constantly during the night	<input type="radio"/>	<input type="radio"/>
at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	intermittently	<input type="radio"/>	<input type="radio"/>
during spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	frequency of attacks per day	<input type="text"/>	
during summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	duration of attacks	<input type="text"/>	
during autumn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	duration of interval without itch	<input type="text"/>	
during winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	associated with rash	<input type="radio"/>	<input type="radio"/>

Please identify the intensity of a typical episode of itch that has occurred within the last two weeks.

- 10 **Unbearable (10)**
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1 **None (0)**

Please identify the result that scratching has on a typical episode of itch within the last two weeks.

- Highly pleasureable (5)** 5
- 4
- 3
- 2
- 1
- Neutral (0)** 0
- 1
- 2
- 3
- 4
- Highly unpleasurable (-5)** -5