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**Questionnaire 3
Eczema**

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Dear HUNT participant,

Thank you for participating in the first part of this health study. You have received this questionnaire because you answered Yes to the question about having or having had eczema on your hands. We hope that you will also answer this questionnaire. Please put an X in the box of your answer for each question using a blue or black ball point pen or marker.

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Return the questionnaire in the enclosed, stamped envelope.

Date of completion

1. About how old were you the first time you got eczema on your hands?

years old

2. Do you have eczema on your hands today?

Yes No

3. Did you have eczema when you were a child?

(also called atopic eczema)

Yes No Don't know

4. Does nickel (in buttons, buckles, jewellery, earrings) or other metal objects that come in contact with your skin cause you to break out in a rash?

Yes No Unsure

5. Have you ever had a patch test for allergies? (A patch test is when the allergy test is taped to your back, most often the back, and then removed after 2 days. The result is read after a few days.)

Yes No

If Yes,

What did you react to in the test? (One or more Xs)

Did not react to anything

Don't know what I reacted to

Reacted to:

Nickel

Rubber

Chrome

Cobalt

Epoxy

Resin (Colophony)

Preservatives in creams and ointments

Perfumes

Other

6. Did you get eczema on your hands in connection with your work?

Yes No

If Yes,

Which type of job did you have when the eczema began?

Business and office Hairdresser/barber

Teaching Health/social work

Workshop/industry Cleaning

Food industry/cooking

Farming Construction work

Fishing Painting

Transportation Other

7. Have you had to change your job because of eczema on your hands?

Yes No

8. Does the eczema on your hands worsen when you come in contact with certain materials, fabrics, chemicals or other things?

Yes No Don't know

If Yes,

Place an X in the box of the things that cause you to have an allergic reaction. (One or more Xs)

Water Oils and lubricants

Detergents Foods

Chemicals Plants/crops

Solvents Animals

Paint Other

9. Does the eczema on your hands recede/disappear at times when you are away from your regular work?

(ex: weekends, on holidays or other longer absences)

Yes No Don't know

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10. How many times do you wash your hands during a regular day?

(Include hand washing at work and leisure)

0 – 5 times 11 – 20 times
 6 – 10 times More than 20 times

11. How would you evaluate the eczema on your hands on a scale from 0-10, where 0 means no eczema and 10 means the worst eczema imaginable?

(Put an X on the line to represent the level of your eczema)

Today

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 No eczema worst possible eczema

When it is at its worst

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 No eczema worst possible eczema

12. The next questions are about the extent in which this skin problem has affected your life IN THE LAST WEEK.

(One X for each question)

In regards to your skin, how much itching, soreness, pain or stinging have you experienced in the last week?

Very much A little
 Much Not at all

How much have you felt ashamed or self-conscious because of your skin in the last week?

Very much A little
 Much Not at all

How much has your skin hindered you from going to the shops or doing house/garden work in the last week?

Very much A little
 Much Not at all
 Not relevant

How much has your skin affected which clothing you chose in the last week?

Very much A little
 Much Not at all
 Not relevant

How much has your skin affected your social

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life or your recreational activities in the last week?

Very much A little
 Much Not at all
 Not relevant

How much has your skin made it difficult to participate in sports activities in the last week?

Very much A little
 Much Not at all
 Not relevant

Has your skin prevented you from working or studying in the last week?

Yes No
 Not relevant

If No,

How much has your skin made problems for you when you were at work or while studying in the last week?

Much A little Not at all

How much has your skin made problems in relationship to your partner or some of your closest friends or relatives in the last week?

Very much A little
 Much Not at all
 Not relevant

How much has your skin lead to sexual problems for you in the last week?

Very much A little
 Much Not at all
 Not relevant

How much has the treatment of your skin been a problem for you?

(for example by making a mess in your home or that it has taken much of your time)

Very much A little
 Much Not at all
 Not relevant

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