McGill Faculty of Medicine Faculté de Médecine



Centre universitaire de santé McGill
Institut de recherche

McGill University Health Centre
Research Institute

**Infectious Diseases and Immunity in Global Health Program**
**Programme en maladies infectieuses et immunité en santé mondiale**

# Questionnaire

## Section A – Eczema Information

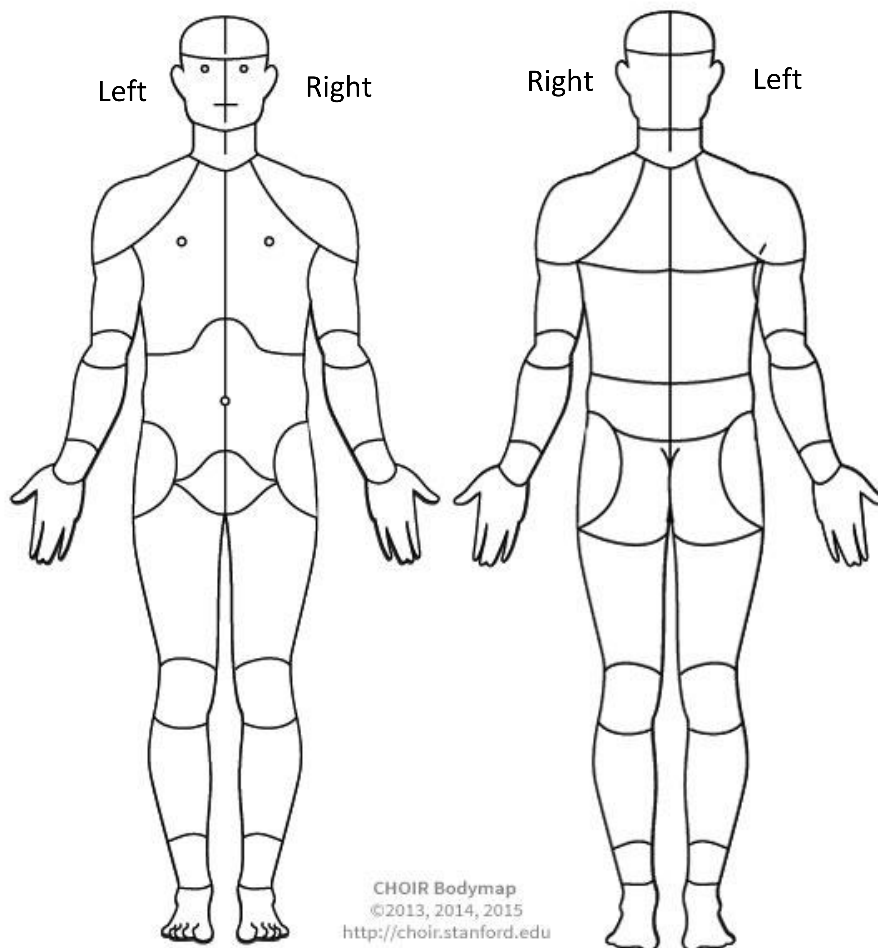
1. Have you ever been diagnosed with **Atopic Dermatitis (Eczema)**? ❑ **Yes** ❑ **No** ❑ **Not sure**

**IF YES** ➢ Did you have Eczema when you were a child? ❑ **Yes** ❑ **No** ❑ **Not sure**

**IF YES** ➢ Approximately what age did you start having Eczema?

□ **Birth-2 years old** □ **2-10 years old** □ **11-20 years old** □ **21-50 years old** □ **>50 years old**

2. Where do you currently have Eczema? Please fill in the areas on the body map.



3. Have you had weeks in the past year when your skin was not active with Eczema at all, not anywhere?

❑ **Yes** ❑ **No**

4. What treatments are you using for your Eczema?

| **Medication** | **Used within 2 weeks** | **Have tried in the past** | **Have never tried** |
|---|---|---|---|
| Non-drowsy Antihistamines<br>*e.g., Reactine, Claritin, Aerius, etc.* | ☐ | ☐ | ☐ |
| Traditional antihistamines (side effect drowsiness)<br>*e.g., Benadryl, Atarax* | ☐ | ☐ | ☐ |
| Steroid creams other than hydrocortisone 0.5 or 1%<br>*e.g., Aristocort-R, triamcinolone or Betaderm, betamethasone, Dermovate, Clobetasol proprionate* | ☐ | ☐ | ☐ |
| Protopic or Elidel | ☐ | ☐ | ☐ |
| Antibiotic pills | ☐ | ☐ | ☐ |
| Prednisone by mouth or steroid injections | ☐ | ☐ | ☐ |
| Phototherapy | ☐ | ☐ | ☐ |
| Methotrexate, cellcept, cyclosporine, or another immunomodulating agent | ☐ | ☐ | ☐ |
| Dupixent/Dupilumab | ☐ | ☐ | ☐ |

## Section B – Comorbidities associated with Eczema

1. Have you ever been diagnosed with Asthma? ❑ **Yes** ❑ **No** ❑ **Not sure**

   **IF YES** ➢ Do you take medication for your Asthma?

   - ❑ No
   - ❑ Yes, only with flare-ups of my Asthma
   - ❑ Yes, I take medication regularly, even when I'm not having flare-ups

2. Have you ever been diagnosed with hay fever or seasonal allergies? ❑ **Yes** ❑ **No** ❑ **Not sure**

3. Are you aware of having any diagnosed problems with your immune system? ❑ **Yes** ❑ **No**

   **IF YES** ➢ Please Specify ..........................................................................................

4. Have you ever had ***patch*** testing for skin allergies (with stamp-like ***patches*** stuck on your back and repeated visits within a week)? ❑ **Yes** ❑ **No** ❑ **No allergies detected**

5. Do you know what chemicals or products to avoid? ❑ **Yes** ❑ **No**

**IF YES** ➢ Please Specify ..........................................................................................

6. Have you ever had skin **prick** testing for food and environmental allergies (with pricks to your forearm, no repeated visits)? ❑ **Yes** ❑ **No** ❑ **No allergies detected**

**IF YES** ➢ Do you know what you are allergic to? ❑ **Yes** ❑ **No**

**IF YES** ➢ Please Specify..............................................................................

7. Are you known to be allergic to dust? ❑ **Yes** ❑ **No**

**IF YES** ➢ Which of the following do you follow at home:

- ❑ Dust covers (pillow)
- ❑ Dust covers (sheets)
- ❑ Washing sheets in hot water and hot dryer every week
- ❑ Minimizing dust-collection in the bedroom
- ❑ Other ...............................................................(please specify)

8. Are you known to be allergic to animals? ❑ **Yes** ❑ **No**

9. Do you live with animals at home? ❑ **Yes** ❑ **No**

**IF YES** ➢ Do you live with more than 1 animal?

❑ **Yes** ❑ **No**

**IF YES** ➢ Please specify the number

Cat ______________
Dog ______________
Bird ______________
Rodent ______________
Other ______________

**If Dog(s)** ➢ Was/were dog(s) diagnosed with Eczema?

❑ **Yes** ❑ **No**

10. Are you known to have any food intolerances? ❑ **Yes** ❑ **No**

**IF YES** ➢ Please Specify.........................................................................................

11. Is your Eczema significantly worse with stress? ❑ **Yes** ❑ **No** ❑ **Not sure**

12. Are you aware of any triggers that make your skin worse, other than those mentioned above?

❑ **Yes** ❑ **No**

**IF YES** ➢ Please Specify……………………………………………………………………………………

## Section C – Eczema Management

1. Have you tried an elimination diet for your Eczema? ❑ **Yes** ❑ **No**

**IF YES** ➢ Have you eliminated for one month or more:

- ❑ Milk/dairy
- ❑ Wheat/gluten
- ❑ Soy
- ❑ Meat-products
- ❑ Other……………………………………………………………………(please specify)

2. Do you wash your forearms, legs and/or stomach when you shower/bathe? ❑ **Yes** ❑ **No**

**IF YES** ➢ Which soap do you wash those areas with?

- ❑ Bar soap
- ❑ Liquid soap
- ❑ Non-soap liquid cleanser or oil (e.g. Lipikar Syndet AP+)
- ❑ Other……………………………………………………………………(please specify)

3. How often do you bathe in a week?

- ❑ More than one time per day
- ❑ Every day
- ❑ Once every other day
- ❑ Once or twice per week

4. How often do you apply moisturizing cream(s) head-to-toe after you bathe?

- ❑ Almost always
- ❑ Sometimes
- ❑ Only if needed

5. How many times do you apply moisturizing creams per day?

☐ **0** ☐ **1x** ☐ **2x** ☐ **3- 4x** ☐ **5- 6x** ☐ **>7x**

6. Which of the following health practitioners have you seen to manage flares of your Atopic Dermatitis disease during the last year?

<table>
<tr><td rowspan="4">General practitioner or family medicine doctor</td><td rowspan="2">☐ Yes</td><td colspan="2">If yes, do you have a family medicine doctor?</td></tr>
<tr><td>☐Yes</td><td>☐No</td></tr>
<tr><td rowspan="2">☐No</td><td colspan="2">If no, have you gone to a walk-in clinic?</td></tr>
<tr><td>☐ Yes</td><td>☐No</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="2">Emergency doctor</td><td>☐Yes</td><td>If yes, how many times <u>in the last year</u> have you gone to emergency for your Eczema?</td><td>________</td></tr>
<tr><td>☐ No</td><td colspan="2"></td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="2">Dermatologist</td><td>☐Yes</td><td>If yes, how many dermatology visits have you had <u>in the past year</u>?</td><td>________</td></tr>
<tr><td>☐ No</td><td>If yes, how many dermatologists have you seen for your Eczema <u>previously</u>?</td><td>________</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="2">Pharmacist</td><td>☐Yes</td><td>☐No</td></tr>
<tr><td colspan="2">Nurse clinician</td><td>☐Yes</td><td>☐ No</td></tr>
<tr><td colspan="2">Nutritionist</td><td>☐Yes</td><td>☐No</td></tr>
<tr><td colspan="2">Naturopath</td><td>☐ Yes</td><td>☐No</td></tr>
<tr><td colspan="2">Alternative health practitioners (osteopath, homeopath, acupuncture, etc.) or other allied health care</td><td>☐Yes</td><td>☐No</td></tr>
</table>

7. Have you ever missed school or work because of your eczema in the last year? ❑ **Yes** ❑ **No**

**IF YES** ➢ How many times in the last year?

☐ **1x** ☐ **2x** ☐ **3-4x** ☐ **5-6x** ☐ **>7x**

8. Until now, how do you feel about the care you have received?

☐ **Satisfied** ☐ **Moderately satisfied** ☐ **Not satisfied**

9. Are you feeling anxious or depressed?

☐ **Yes, because of Eczema symptoms** ☐ **Yes, for other reasons** ☐ **No**

10. Are you aware of the Eczema Society of Canada or/and any other similar support group?

❑ **Yes** ❑ **No**

11. Do you feel you may need more resources and/or help? ❑ **Yes** ❑ **No**

## Section D – Background Information

1. Sex assigned at birth: ☐ Male ☐ Female ☐ Intersex ☐ Prefer not to say

2. What gender do you identify as?

☐ Man ☐ Woman ☐ Transgender ☐ Nonbinary ☐ Prefer not to say ☐ Other __________

3. Date of birth: |__|__| / |__|__| / |__|__|__|__|
dd mm yyyy

4. Were you born in Canada? ❑ **Yes** ❑ **No**

**IF NO** ➢ In what country were you born? COUNTRY: _________________________

**IF NO** ➢ How old were you when you came to live in Canada?

Age: |__|__| or Year: |__|__|__|__|

5. What is your current marital status?

☐ Single (never legally married)
☐ Legally married/common-law partner
☐ Widowed
☐ Separated, but still legally married
☐ Divorce

6. What is the highest level of schooling you **attended**?

☐ Primary/Elementary school
☐ High school
☐ Technical school or CEGEP
☐ Some college or university, but have not completed a degree
☐ University/College
☐ Graduate or professional degree (Master's, Degree in Medicine, Law etc.)

7. People living in Canada come from different cultural backgrounds. Of which cultural, ethnic, or racial background are you? **Please check as many as apply**.

- ☐ Indigenous/Aboriginal
- ☐ Arab/Middle Eastern
- ☐ Black/African American
- ☐ Filipino
- ☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan etc.)
- ☐ South East Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- ☐ West Asian (e.g., Iranian, Afghan, etc.)
- ☐ East Asian (Korean, Chinese, Japanese, etc.)
- ☐ Latin/Hispanic/Latin American
- ☐ Caucasian/White
- ☐ Pacific Islander
- ☐ Don't know/Don't wish to answer
- ☐ Other ………………………………………………………………………. (please specify)

## Section E – Family History

We would like some information about the health of members of your **immediate family** (parents, siblings, and children). **Please do not include relatives by adoption or marriage.**

1. I am adopted and do not know my biological family.
   ☐ **Yes** ☐ **No** (if your answer is No, the proceeding questions in this section are for you)

2. How many of each of these types of relatives do you have? (Please also include relatives that are no longer living)

   a. sisters |__|__|   c. daughters |__|__|

   b. brothers |__|__|   d. sons |__|__|

3. Have any of your immediate family members (mother, father, siblings, children) been diagnosed with:

| | Yes | No | Not sure |
|---|---|---|---|
| **Atopic Dermatitis (Eczema)** | ☐ | ☐ | ☐ |
| **Asthma** | ☐ | ☐ | ☐ |
| **Hay fever (seasonal allergies)** | ☐ | ☐ | ☐ |

4. What is the highest level of education of your more educated parent or guardian?

- ☐ Primary/Elementary school
- ☐ High school
- ☐ Technical school or CEGEP
- ☐ Some college or university, but have not completed a degree
- ☐ University degree/College
- ☐ Graduate or professional degree (Master's, Degree in Medicine, Law etc.)

## Section F – Patient-Oriented Eczema Measure (POEM)

***Please check one response for each of the seven questions below about your Eczema. Please leave blank any questions you feel unable to answer.***

**1** Over the last week, on how many days has your skin been itchy because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

**2** Over the last week, on how many nights has your sleep been disturbed because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

**3** Over the last week, on how many days has your skin been bleeding because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

**4** Over the last week, on how many days has your skin been weeping or oozing clear fluid because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

**5** Over the last week, on how many days has your skin been cracked because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

**6** Over the last week, on how many days has your skin been flaking off because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

**7** Over the last week, on how many days has your skin felt dry or rough because of your Eczema?

❑ No days ❑ 1-2 days ❑ 3-4 days ❑ 5-6 days ❑ Every day

## Section G – PP-NRS Itch Score

On a scale of 0 to 10, with 0 being "no itch" and 10 being "worst itch imaginable", how would you rate your itch at the worst moment during the previous 24 hours? (Circle number below)

0 1 2 3 4 5 6 7 8 9 10

## Section H – Dermatology Life Quality Index (DLQI)

**1** Over the last week, how itchy, sore, painful or stinging has your skin been?

❑ Very much ❑ A lot ❑ A little ❑ Not at all

**2** Over the last week, how embarrassed or self-conscious have you been because of your skin?

❑ Very much ❑ A lot ❑ A little ❑ Not at all

**3** Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?

❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant

**4** Over the last week, how much has your skin influenced the clothes you wear?

❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant

**5** Over the last week, how much has your skin affected any social or leisure activities?

❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant

**6** Over the last week, how much has your skin made it difficult for you to do any sport?

❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant

**7** Over the last week, has your skin prevented you from working or studying?

❑ Yes ❑ No ❑ Not relevant

If No ➢ Over the last week, how much has your skin been a problem at work or studying?

❑ A lot ❑ A little ❑ Not at all

**8** Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?

❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant

| | |
|---|---|
| **9** | Over the last week, how much has your skin caused any sexual difficulties?<br>❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant |
| **10** | Over the last week, how much of a problem has the treatment of your skin been, for example by making your home messy, or by taking up time?<br>❑ Very much ❑ A lot ❑ A little ❑ Not at all ❑ Not relevant |

*Would you be interested in participating in other surveys periodically?* ☐Yes ☐No

**IF YES** ➢ Please provide email address………………………………………………………………

***Thank you for participating!*** 😊