

THIS QUESTIONNAIRE CAN HELP YOU TO ASCERTAIN TO WHAT EXTENT THE CONDITION OF YOUR SKIN AND SCALP INFLUENCES YOUR LIFE AT THE PRESENT TIME. WHERE APPLICABLE, TICK THE CORRESPONDING BOX FOR EACH QUESTION.

www.skin-burnout.com	a little 1 point	quite a bit 2 points	a lot 3 points
1. Do you suffer from itching, flaky skin and/or dandruff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you suffer from reddening or burning of the skin and/or scalp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you suffer from dry and irritable skin and/or scalp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you suffered from an irritable condition of the skin and/or scalp in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To what extent have you been impaired in your professional duties by dry, irritated skin and/or scalp, burning and/or reddening of skin, or dandruff, in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To what extent has your private life and leisure (e.g. sports, gardening, odd jobs at home, shopping) been influenced by dry, irritated skin and/or scalp, burning and/or reddening of skin, or dandruff, in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How much has the condition of your skin and/or scalp influenced your choice of clothing or head gear, in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you encounter any problems in your social life due to the condition of your skin and/or scalp, in the in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To what extent has the condition of your skin and/or scalp influenced your mental well-being, e.g. through irritability, stress, self-consciousness or feelings of inferiority, in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have previous measures to improve the health of your skin and/or scalp lead to problems such as a further deterioration of the condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCORE FOR EACH GRADE	_____	_____	_____
TOTAL SCORE _____	0-5 points	6-10 points	11-30 points
IMPAIRMENT OF QUALITY OF LIFE:	NONE or SLIGHT	MODERATE	SEVERE
<p>This questionnaire has been verified as to its composition and statements. However, no guarantee can be given and any liability claims for damages or injuries or loss against any of the persons participating in the elaboration of this work is excluded.</p>			