Leuven Itch Scale (version 2.0 US English)

Please complete this questionnaire in a place where you will not be disturbed. Fill in the date, start at question 1, and put an "X" in the appropriate boxes that best fit your situation. On some questions, several different answers are possible.

Occurrence of itching (pruritus)

Date: …... / …... / ……..

1. **How often did you experience an itch in the past month?**

❑ never | ❑ rarely *(1 to a few times per month)* | ❑ sometimes *(1 to a few times per week)* | ❑ often *(1 to a few times per day)* | ❑ always

Why did the itch not occur/return?

- ❑ because the cause of the itch stopped/because my skin healed over
- ❑ because I have never experienced itch
- ❑ because the treatment I received did the trick
- ❑ because at this time of year I don't get itches
- ❑ because [other reasons]: ……

If you, in the past month, never had an itch, then stop the questionnaire here

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2. **In the past month, how long, on average, did your itching episode last ?**

between 0 and 30 min ❑ | between 30 and 60 min ❑ | between 1 and 2 hours ❑ | more than 2 hours ❑

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3. **In the past month, when did the itching occur?** (more than 1 answer possible)

in the morning ❑ | during the day ❑ | in the evening ❑ | at night ❑

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4. **In the past month, in what circumstances did the itching occur?**
(more than 1 answer possible)

- ❑ during a change in the weather
- ❑ during spells of pain
- ❑ when making a movement
- ❑ when sweating
- ❑ in a hot environment
- ❑ in a cold environment
- ❑ when standing up after sitting or lying down
- ❑ when I was stressed out
- ❑ on contact with air
- ❑ when touching the skin
- ❑ when new wounds occur
- ❑ when wounds are healing
- ❑ other circumstances: .....

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Severity of itching

5. **In the past month, how bad was the itching you have been experiencing?**
(Mark the bar scale below, with an "X")

No itch ◆——————————————————◆ Worst possible itch

Treatment of itching

6. **In the past month, how was your itching treated?** (more than 1 answer possible)

- ❑ no treatment
- ❑ with an ointment → Name: ……
- ❑ with medication → Name: ……
- ❑ otherwise: .....

7. **If you are receiving treatment, how satisfied are you with the treatment for your itching?** (Mark the bar scale below, with an "X")

Very dissatisfied ◆——————————————————◆ Very satisfied

Consequences of itching

8. **In the past month, what were the consequences of your itching?**

	never	rarely	some-times	often	always
1. lesions from scratching	❑	❑	❑	❑	❑
2. reduced social contact due to itching	❑	❑	❑	❑	❑
3. reduced quality of life due to itching	❑	❑	❑	❑	❑
4. disturbed my routine activities due to itching	❑	❑	❑	❑	❑
5. difficulties in falling asleep due to itching	❑	❑	❑	❑	❑
6. waking up due to itching	❑	❑	❑	❑	❑
7. needed sleeping pills due to itching	❑	❑	❑	❑	❑
8. loss of appetite due to itching	❑	❑	❑	❑	❑
9. bad mood due to itching	❑	❑	❑	❑	❑
10. changes in behavior toward others due to itching	❑	❑	❑	❑	❑
11. loss of concentration due to itching	❑	❑	❑	❑	❑
12. other consequences:.....	❑	❑	❑	❑	❑

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Sensory characteristics of itching

9. **In the past month, how did your itching manifest itself?**

- ❑ A tickling sensation *"as if a creepy-crawly thing was crawling over my skin"*
- ❑ A tingling sensation *"on a bitterly cold night, like stepping into a boiling hot house"*
- ❑ A prickling sensation *"like being pricked softly with a sharp object"*
- ❑ A stinging sensation *"like something piercing my skin"*
- ❑ A burning sensation *"like being on fire"*
- ❑ Another kind of sensation: .....

Distress of itching

10. **In the past month, how distressing was your itching?**

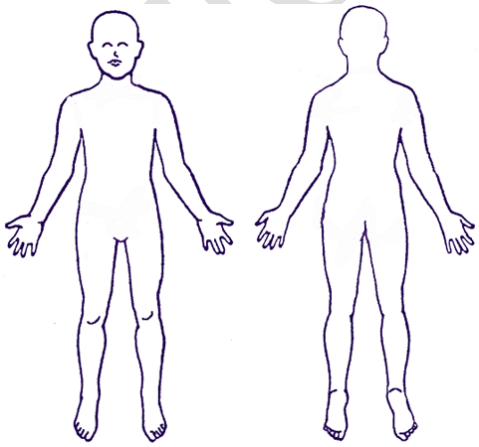
(Mark the bar scale below with an "X")

Not distressing at all — Very distressing

Location(s) of itching

11. **In the past month, which parts of your body itched?**

(shade the area(s) which itched)



Remarks

12. **If you have any other questions or remarks, please write them here:**

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