WORST ITCHING INTENSITY	SUBJECT IDENTIFIER	DATE

Location of completion

☐ Dialysis Unit

☐ Home

Worst Itching Over the Past 24 Hours

Please indicate the intensity of the **WORST ITCHING** you experienced over the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
NO ITCHING										WORST ITCHING IMAGINABLE

Your itching over the last week

Please indicate the box that best describes how your itching has affected you over the past week.

Not at all	Slightly	Moderately	Severely	Overwhelmingly
☐	☐	☐	☐	☐

5-D ITCH SCALE	SUBJECT IDENTIFIER	DATE

1. DURATION	During the last 2 weeks, how many hours a day have you been itching?				
	Less than 6 hrs/day	6-12 hrs/day	12-18 hrs/day	18-23 hrs/day	All day
	☐	☐	☐	☐	☐

2. DEGREE	Please rate the intensity of your itching over the past 2 weeks				
	Not present	Mild	Moderate	Severe	Unbearable
	☐	☐	☐	☐	☐

3. DIRECTION	Over the past 2 weeks has your itching gotten better or worse compared to the previous month?				
	Completely resolved	Much better, but still present	Little bit better, but still present	Unchanged	Getting Worse
	☐	☐	☐	☐	☐

4. DISABILITY	Rate the impact of your itching on the following activities over the last 2 weeks				
	Never affects sleep	Occasionally delays falling asleep	Frequently delays falling asleep	Delays falling asleep and occasionally wakes me up at night	Delays falling asleep and frequently wakes me up at night
Sleep	☐	☐	☐	☐	☐

	N/A	Never affects this activity	Rarely affects this activity	Occasionally affects this activity	Frequently affects this activity	Always affects this activity
Leisure/Social	☐	☐	☐	☐	☐	☐
Housework/ Errands	☐	☐	☐	☐	☐	☐
Work/School	☐	☐	☐	☐	☐	☐

5. DISTRIBUTION	Mark whether itching has been present in the following parts of your body over the last 2 weeks. If a body part is not listed, choose the one that is closest anatomically.			
	Head/Scalp	☐	Soles	☐
	Face	☐	Palms	☐
	Chest	☐	Tops of Hands/Fingers	☐
	Abdomen	☐	Forearms	☐
	Back	☐	Upper Arms	☐
	Buttocks	☐	Points of Contact with Clothing (e.g waistband, undergarment)	☐
	Thighs	☐		
	Lower legs	☐	Groin	☐
	Tops of Feet/Toes	☐		

SKINDEX-10	SUBJECT IDENTIFIER	DATE

INSTRUCTIONS: During the past **WEEK**, how often have you been bothered by:							
	0 (Never Bothered)	**1**	**2**	**3**	**4**	**5**	**6 (Always Bothered)**
1. Your itching	☐	☐	☐	☐	☐	☐	☐
2. The persistence/ reoccurrence of your itching	☐	☐	☐	☐	☐	☐	☐
3. The appearance of your skin from scratching	☐	☐	☐	☐	☐	☐	☐
4. Frustration about your itching	☐	☐	☐	☐	☐	☐	☐
5. Being annoyed about your itching	☐	☐	☐	☐	☐	☐	☐
6. Feeling depressed about your itching	☐	☐	☐	☐	☐	☐	☐
7. Feeling embarrassed about your itching	☐	☐	☐	☐	☐	☐	☐
8. The effects of your itching on your interactions with others (for example: interactions with family, friends, close relationships, etc.)	☐	☐	☐	☐	☐	☐	☐
9. The effects of your itching on your desire to be with people	☐	☐	☐	☐	☐	☐	☐
10. The effect of your itching making it hard to work or do what you enjoy	☐	☐	☐	☐	☐	☐	☐

EQ5D-5L	SUBJECT IDENTIFIER	DATE

Under each heading, please mark ONE box with X that best describes your health TODAY.

Mobility	☐	*I have no problems in walking about*
	☐	*I have slight problems in walking about*
	☐	*I have moderate problems in walking about*
	☐	*I have severe problems in walking about*
	☐	*I am unable to walk about*
Self-Care	☐	*I have no problems washing or dressing myself*
	☐	*I have slight problems washing or dressing myself*
	☐	*I have moderate problems washing or dressing myself*
	☐	*I have severe problems washing or dressing myself*
	☐	*I am unable to wash or dress myself*
Usual Activities e.g. work, study, housework, leisure activities)	☐	*I have no problems doing my usual activities*
	☐	*I have slight problems doing my usual activities*
	☐	*I have moderate problems doing my usual activities*
	☐	*I have severe problems doing my usual activities*
	☐	*I am unable to do my usual activities*
Pain / Discomfort	☐	*I have no pain or discomfort*
	☐	*I have slight pain or discomfort*
	☐	*I have moderate pain or discomfort*
	☐	*I have severe pain or discomfort*
	☐	*I have extreme pain or discomfort*
Anxiety / Depression	☐	*I am not anxious or depressed*
	☐	*I am slightly anxious or depressed*
	☐	*I am moderately anxious or depressed*
	☐	*I am severely anxious or depressed*
	☐	*I am extremely anxious or depressed*