**Quality of Life Questionnaire (KUKUH)**

Hospital Number: Date: Leprosy Type:

Name: Age: Degree of Disability:

Address: Occupation: Latest Education:

**The purpose of this questionnaire is to measure how much your skin problem has affected your life. Please put a circle in one of the** number **boxes to answer each question.**

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| --- | --- | --- |
| 1. How much are you worried about your skin condition? (For example, it will spread, it get worse, it becomes wound, numb, disabled)
 | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 1. How ashamed are you of your skin condition?
 | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 1. How much influence do negative feelings, sadness, hopelessness, anxiety, depression, and insecurity have on your skin condition?
 | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 1. How severe is the itching, pain, and numbness in your skin?
 | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 1. How much influence does the skin condition interfere on your daily activities? (eg: dressing, lifting, walking, etc.)
 | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 1. How much influence does your skin condition have on your work or study?
 | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 7. How much influence your skin condition has on interactions with other people (For example, interactions with family, friends, close relationships, etc.) | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
| 8. How do you feel about being shunned by friends and neighbors because of your skin condition? | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |
|  9. Do you feel better now than before starting treatment? | Not at all | 0 |
| Slightly improved | 1 |
| Getting better | 2 |
| So much better | 3 |
| 10. How much influence does knowledge of skin self-care and wound care have on your disease? | Not at all | 0 |
| A Little | 1 |
| Much | 2 |
| Very Much | 3 |