



# Methotrexate and Prednisolone study in Erythema Nodosum Leprosum

## MaPs in ENL

Training session 10 –  
Participant Reported  
Outcome measurement and  
Quality of life  
questionnaires

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# Patient reported outcome measure

- Patient reported outcome measure
- Health-related Quality of Life questionnaires - HRQoL
  - Dermatology Life Quality Index (DLQI)
  - 36-Item Short Form Survey (SF-36)

# Participant reported Outcome measure - PROM

- **Participant centered research**
- **Objectively captures participant perception of health**
- **Standardised outcome**

# What is a HRQoL questionnaire?

- Tool to assess how participants perceive health
- Validated tool
- Objective outcome
- Dermatology Quality of Life Index – DLQI
- 36-Item Short Form Survey (SF-36)
- REDCap will calculate automatically the scores

# Dermatology Quality Index – DLQI

- Skin conditions
- Adults
- 10 questions
- Score range 0 to 30

**DERMATOLOGY LIFE QUALITY INDEX**

Hospital No: \_\_\_\_\_ Date: \_\_\_\_\_ DLQI  
Name: \_\_\_\_\_ Score:   
Address: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick  one box for each question.**

1.	Over the last week, how <b>itchy, sore, painful</b> or <b>stinging</b> has your skin been?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	
2.	Over the last week, how <b>embarrassed</b> or <b>self conscious</b> have you been because of your skin?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	
3.	Over the last week, how much has your skin interfered with you going <b>shopping</b> or looking after your <b>home</b> or <b>garden</b> ?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
4.	Over the last week, how much has your skin influenced the <b>clothes</b> you wear?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
5.	Over the last week, how much has your skin affected any <b>social</b> or <b>leisure</b> activities?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
6.	Over the last week, how much has your skin made it difficult for you to do any <b>sport</b> ?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
7.	Over the last week, has your skin prevented you from <b>working</b> or <b>studying</b> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not relevant <input type="checkbox"/>
	If "No", over the last week how much has your skin been a problem at <b>work</b> or <b>studying</b> ?	A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	
8.	Over the last week, how much has your skin created problems with your <b>partner</b> or any of your <b>close friends</b> or <b>relatives</b> ?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
9.	Over the last week, how much has your skin caused any <b>sexual</b> <b>difficulties</b> ?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
10.	Over the last week, how much of a problem has the <b>treatment</b> for your skin been, for example by making your home messy, or by taking up time?	Very much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>

**Please check you have answered EVERY question. Thank you.**

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# 36-Item Short Form Survey (SF-36)

- General quality of life evaluation – physical and mental health
- Self-reporting
- Validated in several languages
- 36 items assessing 8 health sections: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning and mental health.
- Score range 0 to 100



HEALTH



[RAND](#) > [RAND Health](#) > [Surveys](#) > [RAND Medical Outcomes Study](#) > [36-Item Short Form Survey \(SF-36\)](#) >

## 36-Item Short Form Survey Instrument (SF-36)

### RAND 36-Item Health Survey 1.0 Questionnaire Items

Choose one option for each questionnaire item.

1. In general, would you say your health is:

- 1 - Excellent
- 2 - Very good
- 3 - Good
- 4 - Fair
- 5 - Poor

2. Compared to one year ago, how would you rate your health in general now?

- 1 - Much better now than one year ago
- 2 - Somewhat better now than one year ago
- 3 - About the same
- 4 - Somewhat worse now than one year ago
- 5 - Much worse now than one year ago

# Summary

- PROM
- HRQoL questionnaires
- Objective measurement tools
- DLQI and SF-36
- REDCap