

5-D Pruritus Scale

1. **Duration:** During the last 2 weeks, how many hours a day have you been itching?

Less than 6hrs/day 1
 6-12 hrs/day 2
 12-18 hrs/day 3
 18-23 hrs/day 4
 All day 5

2. **Degree:** Please rate the intensity of your itching over the past 2 weeks

Not present 1
 Mild 2
 Moderate 3
 Severe 4
 Unbearable 5

3. **Direction:** Over the past 2 weeks has your itching gotten better or worse compared to the previous month?

Completely resolved 1
 Much better, but still present 2
 Little bit better, but still present 3
 Unchanged 4
 Getting worse 5

4. **Disability:** Rate the impact of your itching on the following activities over the last 2 weeks

	Never affects sleep <input type="checkbox"/> 1	Occasionally delays falling asleep <input type="checkbox"/> 2	Frequently delays falling asleep <input type="checkbox"/> 3	Delays falling asleep and occasionally wakes me up at night <input type="checkbox"/> 4	Delays falling asleep and frequently wakes me up at night <input type="checkbox"/> 5
Sleep					
	N/A	Never affects this activity	Rarely affects this activity	Occasionally affects this activity	Frequently affects this activity
Leisure/Social	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Housework/Errands	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Work/School	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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	Present				Present
Face	<input type="checkbox"/>	Soles			<input type="checkbox"/>
Chest	<input type="checkbox"/>	Palms			<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	Tops of Hands/Fingers			<input type="checkbox"/>
Back	<input type="checkbox"/>	Forearms			<input type="checkbox"/>
Buttocks	<input type="checkbox"/>	Upper Arms			<input type="checkbox"/>
Thighs	<input type="checkbox"/>	Points of Contact w/ Clothing (e.g waistband, undergarment)			<input type="checkbox"/>
Lower legs	<input type="checkbox"/>	Groin			<input type="checkbox"/>
Tops of Feet/Toes	<input type="checkbox"/>				<input type="checkbox"/>

Fig 2.
5-D itch scale.