

PRISM

Patient Reported Impact of Scars Measure

Please read this carefully

On the following pages you will find some statements that have been made by people who have skin scarring.

Thinking about your scar(s), please read each statement carefully and tick 'True' if the statement applies to you and tick 'Not True' if it does not.

Please choose the response that best applies to you.

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Quality of Life

Please read each statement carefully and put a tick next to the response that applies best to you *at the moment*

- | | | |
|---|----------|--------------------------|
| 1. I can't forget about my scar | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 2. It affects my confidence | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 3. I don't go out with my friends | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 4. I'm very aware of the scar | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 5. It's really annoying having to explain it | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 6. I don't make any new friends | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 7. I avoid eye contact with people | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 8. I feel embarrassed when people ask about my scar | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |
| 9. I worry about what people may think about me | True | <input type="checkbox"/> |
| | Not True | <input type="checkbox"/> |