

**UK PSC Study
Pruritus Questionnaire B
(Non Transplant patients)**

SECTION 1: ITCHING

- 1. For some people with PSC, itching affects their general health and well-being. SINCE YOU FIRST DEVELOPED PSC, have you experienced itching caused by the PSC? Please tick the box which describes you best.**

I have never experienced itching from my PSC	
I have only rarely experienced itching from my PSC	
I have occasionally experienced itching from my PSC	
I have frequently experienced itching from my PSC	
I experience itching from my PSC all the time	

- 2. SINCE YOU FIRST DEVELOPED PSC, did you experience any of the following? If you did not itch, please tick the box, 'does not apply'**

	Never	Rarely	Occasionally	Frequently	Always	Does not apply
Itching has disturbed my sleep						
I have scratched so much, I made my skin raw						
I have felt embarrassed because of the itching						

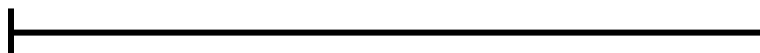
- 3. On a scale of 0 to 10, where 0 is no itch and 10 is unbearable itch, how would you rate the worst itching you have experienced IN THE LAST SEVEN DAYS?**

Worst itch in the last seven days: _____ / 10

- 4. Please also place a mark on the visual analogue scale below, indicating the worst itch you have experienced IN THE LAST SEVEN DAYS:**

No itch
😊

Unbearable itch
😞



5. On a scale of 0 to 10, where 0 is no itch and 10 is unbearable itch, how would you rate the worst itching you have experienced SINCE YOU FIRST DEVELOPED PSC?

Worst itch since you first developed PSC: _____ / 10

6. Please also place a mark on the visual analogue scale below, indicating the worst itch you have experienced SINCE YOU FIRST DEVELOPED PSC:

No itch
☺

Unbearable itch
☹



7. SINCE YOU FIRST DEVELOPED PSC, have you ever received any of the following treatments for itching? Please tick any of the options which apply to you.

	Yes
Cholestyramine ('Questran')	
Rifampicin	
Naltrexone	
Phototherapy ('light treatment')	
Admitted to hospital specifically for treatment of itching	
Other medications, including natural remedies (please state which in the space below):	

8. Has your doctor told you that you suffer from any of the following skin disorders?

	Yes	No
Eczema (or atopic dermatitis)		
Psoriasis		
Urticaria ('hives')		

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

PLEASE PLACE IN THE FREEPOST ENVELOPE PROVIDED, AND RETURN TO:

The UK PSC Study, Box 238, Department of Medical Genetics, Level 6,
Addenbrooke's Treatment Centre, Addenbrooke's Hospital, Cambridge, CB2 0QQ .

If you have any **questions** or **queries** regarding the **completion** of this questionnaire
please contact the study team on ukpsc@nhs.net; Tel: 0121 371 8101.