

Any other comments you would like to make about the scar and the way in which it affects you:

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For further information or problems please contact:

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at

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**Burns Outreach  
Welsh Centre For Burns & Plastic Surgery  
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Scar Self-Rating Scale

This questionnaire asks about your symptoms, and how your scar affects you on a daily basis. If it is your child who is receiving treatment please comment on how you feel the scar affects your child.

Please answer every question, based on your symptoms and feelings towards your scar over the last week, by circling the appropriate word/number.

Please bring the completed questionnaire with you to your appointment, in order to assist with the professional assessment of your scar.

The following questions relate to your scar over the past week:

### Presence of Symptoms

Over the past week has your scar been: (Please circle all that apply)

Itchy	Hard	Painful
Tight	Red	Height of scar has increased

### Concern for each symptom

Rate how much each symptom has bothered you over the past week while performing your usual activities, by choosing the number that best describes the amount of bother you have on a scale of 0 to 10. A zero (0) means the symptom did not bother you at all, and a ten (10) means you were extremely bothered by the symptoms.

Please rate how bothersome the symptom has been:

**Itchy**    0    1    2    3    4    5    6    7    8    9    10  
No bother Extremely bothered

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**Hard**    0    1    2    3    4    5    6    7    8    9    10  
No bother Extremely bothered

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**Tight**    0    1    2    3    4    5    6    7    8    9    10  
No bother Extremely bothered

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**Red**    0    1    2    3    4    5    6    7    8    9    10  
No bother Extremely bothered

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**Painful**    0    1    2    3    4    5    6    7    8    9    10  
No bother Extremely bothered

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**Increased height of scar**  
   0    1    2    3    4    5    6    7    8    9    10  
No bother Extremely bothered

### Pain

Rate the average amount of pain in your scar over the past week, by choosing the number that best describes your pain on a scale of 0 to 10. A zero (0) means you did not have any pain, and a ten (10) means you had the worst pain you have ever experienced or you could not do the activity because of pain

Please rate your pain:

At rest            0    1    2    3    4    5    6    7    8    9    10  
                        No pain Worst ever

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When you are carrying out daily activities

                        0    1    2    3    4    5    6    7    8    9    10  
                        No pain Worst ever

### Your feelings

Rate how you have felt about your scar over the past week, by choosing the number from the scale below that best describes your feelings towards your scar for the majority of the time. A zero (0) means the scar has not bothered you at all, and a ten (10) means you are extremely bothered by your scar.

It affects me socially

                        0    1    2    3    4    5    6    7    8    9    10

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It affects me at work/school

                        0    1    2    3    4    5    6    7    8    9    10

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It affects me at home

                        0    1    2    3    4    5    6    7    8    9    10

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