Skin Picking Impact Scale

1. How frequently do you experience the urge to pick your skin?

Not at all GH Some of the time Majority of the time All the time

2. How intense are the urges to pick your skin?

Not at all Somewhat intense Very intense Extremely intense

3. Do you lose control of your picking behaviour ?

Not at all Some of the time Most of the time All the time

4. Do you find it effortful to resist your temptations to pick?

Not at all Some of the time Most of the time All the time

5. How many hours do you spend picking your skin every day?

<1 hour 1-3 hours 3-6 hours >6 hours

6. Does your skin picking behaviour affect your daily functioning (for example, delay in getting out of the house, interfering with work or relationship)

Not at all Some of the time Most of the time All the time

7. Do you avoid activities (for example, participating in social events or activities that require you to expose your picked spots) because of your skin picking behaviour?

Not at all Some of the time Most of the time All the time

8. Are you distressed (for example, anxious, ashamed, guilty) by your skin picking behaviour?

Not at all Somewhat distressed Fairly distressed Extremely distressed

9. How much skin damage do you currently have due to your skin picking? (Only consider the damage caused by skin picking)

None

Some damage (does not require medical attention)

Fairly damaged (noticeably scarred and possibly requires medical attention Extremely damaged (damage over large areas, requires medical attention)