METHOD

The primary aim of the present investigation was to compare adolescents of both the genders, with and without Skin Disorders on Eysenckian dimensions of Personality, Health Locus of Control, State-Trait Anxiety, Self Esteem, Self Efficacy, Mental Health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Ability to meet Life’s demands, dimensions of Stress viz. Stress Symptoms, Perceived Stress, Daily Hassles and Uplifts, Ways of Coping, Anger Expressed and Anger Expression Styles, Perceived Parental Bonding, perception of Family Environment, Dermatology Life Index and Family Dermatology Index.

Another aim of the study was to identify predictors for Dermatology Life Index and Family Dermatology Index among adolescents with and without skin disorders.

The sample of the study comprised of 400 adolescents in the age range from 16-18 years. 300 adolescents (150 males and 150 females) comprised the sample with skin disorders. They were further selected from three types of skin disorders viz Acne (n=50), Eczema (n=50) and Psoriases (n=50) for each gender. Sampling was purposive. The healthy controls comprised of 100 subjects (50 males and 50 females) chosen randomly from schools of tricity. Those comprising the Healthy Control group were currently without a history of any kind of skin problem. Care was taken to select the sample from middle socio economic group which matched with the socio economic status of the subjects and other important characteristics such as age, sex and educational background was also taken into consideration. For this purpose 4x2 ANOVA was employed with two levels of gender viz. (males and females) and four levels of groups with three levels of adolescents with skin disorders viz. (Acne, Eczema, Psoriases) and one level of healthy controls. The effect of these two variables was singly and jointly analyzed for all the variables.

To measure dimensions of Personality, many tests were used. Eysenck’s Personality Questionnaire – Revised (1985) was used to get
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scores on Extraversion/Introversion, Psychoticism, Neuroticism and Social Desirability. The Personality dimensions of Externality / Internality were studied using Health Locus of Control Scale (HLOC) devised by Wallston and Wallston (1982). The State-Trait Anxiety Inventory (STAI) derived by Spielberger et al, (1970) was used to measure the variables of State and Trait Anxiety. Self esteem was measured by using Rosenberg’s Self Esteem Scale by Rosenberg, (1965). Self Efficacy was measured by Generalized Self Efficacy Scale by Jerusalem and Schwarzar (1995).

For measuring Mental Health, the WHO Measure of Mental Health adapted for use in India by Wig (1999) was used which has three dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Perceived Ability to Meet Life’s Demands.

For measuring dimensions of Stress, the Stress Symptoms Rating Scale developed by Heilbrun and Pepe (1985) and Perceived Stress Scale by Cohen et al., (1983) were used. Daily Hassles and Uplifts were assessed through Daily Hassles and Uplifts Scale by DeLongis et al (1982).

The Coping Styles Inventory by Carver et al. (1989) was used to measure three types of Coping viz., Task Focused Coping, Emotion Focused Coping and Avoidant Focused Coping.

Anger Expressed and Anger Expression Styles were assessed with the help of Spielberger’s State - Trait Anger Expression Inventory which was developed by Spielberger (1988).

Perceived Parental Bonding was measured by Parental Bonding Instrument by Parker et al., (1979). It has two dimensions viz Perceived Parental Care and Perceived Parental Overprotection. Family Environment dimensions were measured by using Family Environment Scale (FES) by Moos and Moos, (1994). It has three dimensions viz. Family Environment Relationship dimension, Family Environment Personal Growth dimension and Family Environment System Maintenance dimension.

Satisfaction with life was measured by using Satisfaction with Life Scale, developed by Diener et al., (1985).
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Dermatology Index was measured by using Dermatology Life Index by Finlay and Khan (1992). Family dermatology index was measured by using Family Dermatology Index by Basra and Finlay (2007).

SAMPLE

The sample comprised of 400 adolescents in the age range from 16-18 years. 300 adolescents (150 males and 150 females) comprised the sample with skin disorders. They were further selected from three types of skin disorders viz Acne (n=50), Eczema (n=50) and Psoriasis (n=50) for each gender. The sampling technique used to collect the data was purposive sampling, as sample which was collected for skin disorders was with confirmed diagnosis of the three types of skin disorders. The healthy control group comprised of 100 subjects (50 males and 50 females) chosen randomly from schools of tricity. Those comprising the Healthy Control group were currently without a history of any kind of Skin problem. Care was taken to select the sample from middle socio economic group.

INCLUSION CRITERIA

Adolescents with Skin Disorders were selected from Allopathic Hospital OPD’S and Private Skin Clinics after making sure of confirmed diagnosis of Skin disorders by the physicians.

TESTS AND TOOLS

The following standardized tests and tools were used:

2. Health Locus of Control Scale (HLOC) (Wallston and Wallston, 1982).
3. State Trait Anxiety Inventory (STAI) (Spielberger et al., 1970).
4. Rosenberg’s Self Esteem Scale (Rosenberg, 1965).
5. Generalized Self Efficacy Scale (Jerusalem and Schwarzar, 1995).
6. WHO measure of Mental Health (Wig, 1999).
Method

9. Daily Hassles and Uplifts Scales (Delongis et al., 1982).
10. Coping style Inventory (Carver et al., 1989).
11. State-Trait Anger Expression Inventory (STAXI) (Spielberger, 1988).
13. Family Environment Scale (FES) (Moos and Moos, 1994).
15. Dermatology Life Index (Finlay and Khan, 1992).
16. Family Dermatology Index (Basra and Finlay, 2007).

A general information schedule was also administered to the respondents for getting their demographic information on the following dimensions: name, date of birth, age, gender, rural/urban, address, education level, height, weight, size of family, birth order, number of siblings, profession of father, profession of mother, educational level of father and mother.

BRIEF DESCRIPTION OF TESTS

1. Eysenck’s Personality Questionnaire – Revised (EPQ-R) (Eysenck et al., 1985)

The EPQ-R has been developed by Eysenck et al. (1985). The EPQ-R was originally constructed by Eysenck and Eysenck (1975) to measure varied dimensions of personality viz. Extraversion (E), Neuroticism (N) and Psychoticism (P). It also consists of Lie (social Desirability) Scale. The scale was revised by Eysenck et al. (1985) to improve psychometric weakness of the Psychoticism scale. EPQ-R comprises of 90 items measuring aforesaid dimensions of personality. Psychoticism-scale (25 items), Extraversion-Scale (21 items), Neuroticism-Scale (23 items) and Lie-scale (21 items).
The alpha reliabilities for the revised scale have been found to be as follows:

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2. Health Locus Of Control Scale (HLOC) (Wallston and Wallston, 1982)

Wallston and Wallston (1982) constructed a Health Locus of Control Scale to measure Internal and External Health Locus of Control dimensions. It consists of 11 items – 6 items of Externality and 5 items of Internality. The Health Locus of Control items have a six point rating scale in terms of agreement and disagreement. This scale is an area specific measure of expectations regarding Locus of control developed for prediction of health related behaviour. Scores range from 11 to 66. This scale was used in India by Opara (1999), Kaur (2002), Shourie (2003), Sehgal (2003), Sharma (2005), Mohan et al. (2006), Kaur (2007) and Rampal (2011).

3. State-Trait Anxiety Inventory (STAI) (Spielberger et al., 1970)

The State-Trait Anxiety Inventory was developed by Spielberger et al. (1970) to provide standardized self-reported scales to assess both state and trait anxiety. State anxiety has been defined as consisting of subjective feelings of tension, apprehensions, nervousness and worry and activations (aroused) of the autonomic nervous system generated by certain situations,
e.g., denial anxiety, test taking anxiety and anxiety about flying. Trait anxiety refers to relatively stable personality dimensions reflecting individual differences in anxiety proneness. The test consists of 40 items, 20 to measure State Anxiety and 20 to measure Trait Anxiety. On the State Anxiety form, the subjects respond to each item in terms of severity (1=not at all, 2=somewhat, 3=moderately, 4=Very much). On Trait Anxiety form, subjects respond in terms of frequency categories (1=Almost Never, 2=Sometimes, 3=Often, and 4=Almost Always). These categories are assigned numbers from 1 to 4. Items are both direct and reverse scored. Scores may range from 20 to 80 for either form. It has a reliability coefficient of 0.78 for males and 0.85 for females (Pastore et al., 1996). On an average, alpha coefficients for State Anxiety have been reported to be 0.90. The test has adequate content, concurrent and construct validity. This scale has been used in India by Opara (1999), Mohan et al., (2000, 2001, 2006, 2010), Shourie (2003), Sehgal (2003), Salariya (2006), Kaur (2007), Bala (2007), Tripathi (2008), Dhaliwal (2010) and Rampal (2011).

4. Rosenberg’s Self Esteem Scale (Rosenberg, 1965)

This scale was designed by Rosenberg (1965) to measure adolescents’ global feeling of self – worth or self – acceptance. The instrument consists of 10 statements designed equally to be positive and negative. These statements are rated along a 4 point continuum from (i) strongly agree to (IV) strongly disagree. The scale has a reproducibility index of 0.93 and a test – retest reliability of 0.85. With regard to validity Rosenberg (1965) reported significant correlations between self esteem and clinical ratings of depression. This scale has been successfully used in India by Mohan et al., (2002, 2003) and Rampal (2011).

5. Generalized Self Efficacy Scale (Jerusalem and Schwarzer, 1995)

This scale was developed by Mathias Jerusalem and Ralf Schwarzer, first as a 20-item version and later as a reduced 10- item version (Jerusalem and Schwarzer, 1986, 1992). It typically yielded internal consistencies
between alpha = 0.75 and 0.90. It has also proved valid in terms of convergent and Discriminant validity. In this study English version of this scale has been used. This scale has been used in India by Sharma (2005), Hoabam (2007), Kaur (2007), Bala (2007), Mohan (2009), Dhaliwal (2010) and Rampal (2011).

6. **WHO Measure of Mental Health** (Wig, 1999)

   This scale has 16 items and is designed to measure mental health. It yields three dimensions viz. Being Comfortable with self, Being Comfortable with others and Perceived Ability to Meet Life’s Demands and a Total Mental Health score. The subject obtains 3 scores on Mental health dimensions and a summated score on total Mental Health. The response format has two categories, Yes or No. A score of one is given if subject ticks Yes, zero if he ticks no. The test has adequate reliability & validity. This scale was used in India by Mohan (2002, 2003, 2004, 2005, 2006), Sehgal (2003), Ramma (2006), Saliariya (2006), Kaur (2007), Farokhzad (2007), Bala (2007), Haobam (2007), Tripathi (2008), Yadav (2010), Dhaliwal (2010) and Rampal (2011).

7. **Stress Symptoms Rating Scale** (Heilbrun and Pepe, 1985)

   Heilbrun & Pepe (1985) constructed the Stress Symptoms Rating Scale which is a response-defined measure of stress in contrast to the stimulus – defined measure being used in earlier stress researches. The Stress Symptoms Rating Scale is an inquiry into the amount of stress experienced without regard to what provoked them. Heilbrun and Pepe selected 25 symptoms of stress from a list that Selye (1976) identified as readily detectable in the individual. The subject was required to rate the frequency of each stress symptoms (for the previous year) alone on a six-point scale ranging from ‘Not at all’ the ‘More than once per day (i.e. ranging from 0 to 5). The stress score is the summation of scores obtained over all the ratings.

   The alpha reliability for the scale has been found to be 0.93 by Heilbrun and Putter (1986). Evidence for validity has come from differential elevations

8. Perceived Stress Scale (Cohen et al., 1983)

The Perceived Stress Scale was developed by Cohen et al., in 1983. It comprises of 10 questions and is a 5 point rating scale. The PSS was designed for use with community samples with at least a junior high school education. The items are easy to understand and the response alternatives are simple to grasp. Moreover, as noted above, the questions are quite general in nature. Questions in PSS ask about feelings and thoughts during the last one month. It is not a diagnostic instrument but it intends to make comparisons of subjects’ perceived stress related to current objective events. The test has been successfully used in India by Opara (1999), Mohan et al., (2000, 2006), Kaur (2002), and Rampal (2011).

9. Daily Hassles and Uplifts Scales (Delongis et al., 1982)

The Daily Hassles and Uplifts scale was constructed by Kanner et al. (1981) to assess the number, severity and intensity of the daily hassles and uplifts that the subject had experienced in the last month. The ‘Hassles Scale’ consisted of a list of hassles or every day irritants. These cover the areas of health, family, friends, the environment, practical considerations and chance occurrences. Subjects were requested to indicate any hassles that have been experienced during the last month and rate how severe these have been on a 3-point scale, 3 being ‘a great deal’ and 0 being ‘none or not applicable’. The ‘Uplift Scale’ consists of lists of uplifts; minor life events that make people feel good. Subjects were asked to indicate the uplifts they have experienced during the last month and rate their experience of each on a 3-point scale, 3 being ‘A great deal and 0 being ‘none or not applicable’.
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10. Coping Style Inventory (Carver et al., 1989)

Coping styles were assessed using Carver et al’s (1989) inventory. The inventory measures three broad coping dispositions-task focused, emotion focused and avoidance coping. Items were conceptually grouped into three scales with 10 items in each scale. Each item was answered on a 4 point rating scale ranging from ('I usually don’t do this at all') to ('I usually do this a lot'). The scores on each of the scales may range from 10 to 40.

Internal consistency of each scale was assessed using Cronbach’s alpha. Internal consistency for Task Focused Coping, Emotion Focused Coping and Avoidance Coping was .78, .76 and .77 respectively. Task and Emotion Focused Coping were correlated (r=.46). Task and Emotion Focused Coping were not correlated with Avoidance focused coping (r=.16). This scale has been used in India by Sehgal (2003), Salariya (2006), Hoabam (2007), Yadav (2010), Rampal (2011) and Khurana (2011).

11. State Trait Anger Expression Inventory (STAXI) (Spielberger, 1988)

This is a self rated questionnaire. There are 44 questions in a 3 part questionnaire measuring general Expression of Anger viz State Anger (Part 1) and Trait Anger (Part 2) as well as Anger Expression styles (Part 3) viz. Anger-In, Anger-Out, Anger Control and Total Anger Expressed.

It requires 15-20 minutes to complete. The scale assesses reported feelings (experiences) of anger and its expression. It has 10 items to assess State Anger (how you feel right now). The subject chooses from the response format. (1) Almost never (2) Sometimes (3) Often (4) Almost always.
It also has another 10 questions to measure **Trait Anger** (how you generally feel) and has 4 response options: (1) Almost never (2) Sometimes (3) Often (4) Almost always. The range of possible scores for the 2 sub-scales varies from minimum of 10-40.

The third part has 24 questions measuring **three dimensions of Anger Expression** viz. Anger Out, Anger In and Anger Control. The sub-scales’ scores of the three dimensions were computed by summing the column of items scores for each scale. The range of possible scores for the 3 subscales varies from a minimum of 8 to maximum of 32. Total Anger Expressed Score was also obtained by the formula: Total Anger Expressed = Anger Out + Anger In - Anger Control + 16 (a constant of 16 is added).

This scale has been successfully used in India by Mohan (2001 and 2002), Shourie (2003), Sehgal (2003), Hoabam (2007), Kaur (2007), Bala (2007), Yadav (2010), Dhaliwal (2010) and Rampal (2011).


The PBI is 25 item self-report measure of respondents' recollections of parents’ attitudes and behaviours during the first 16 years. Respondents were asked to answer questions based on how they remember their parents, using a Likert type scale ranging from 0 ("very like") to ("very unlike"). The PBI was developed using factor analysis from self-reports of experiences with parents in childhood. The scale consists of two factors: Maternal/Paternal Care (i.e. care vs. indifference and rejection) and Maternal/Paternal Overprotection (i.e. overprotection vs. encouragement of autonomy). Higher scores on the two scales indicate higher perceived parental care and overprotection, respectively. The 12 items of the Maternal/Paternal Care factor allow a maximum score of 36 and the 13 items of the Overprotection factor permit a maximum score of 39. The two factor scores are negatively correlated \( (r = - .24) \) suggesting that the two dimensions are not independent (Parker et al., 1979), i.e. 'overprotection' is associated with lack of 'care'.

Adequate internal consistency has been demonstrated in numerous studies using split-half technique. The scale also has a high test-retest
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reliability over a 3-week period of both care scale (r = .761; p < .001) and overprotection scale (r = .628; p < .01) (Parker et al., 1979; Parker, 1989). The scales integrate, concurrent, convergent and criterion reliability and predictive validity were also established (Parker, 1989). This scale has been successfully used in India by Hoabam (2007), Kaur (2007), Yadav (2010), Rampal (2011) and Khurana (2011).

13. Family Environment Scale (FES) (Moos and Moos, 1994)

To measure the Family Environment, the Family Environment Scale was developed by Moos and Moos (1994). The aim of this scale was to obtain the social, interpersonal and environmental characteristics of families and to assess perception of family environment. The questionnaire consists of 90 items. The scale includes 10 areas that encompasses three broad interdependent and yet separately identifiable dimensions. They are Relationship dimension, Personal Growth dimension and System Maintenance dimension. Relationship dimension includes Cohesion, Expressiveness and Conflict. Personal Growth dimension includes Independence, Achievement Orientation, Intellectual Cultural Orientation, Active Recreational Orientation and Moral Religious Emphasis. The third dimension i.e. System Maintenance dimension includes organization and control. The Relationship and System Maintenance dimensions primarily reflect internal family functioning, whereas the Personal Growth dimension reflects the linkages between the family and the larger social context. In short the FES helps in assessing the overall environment of an individual’s family. The reliability coefficient for the ten sub scales was found to range from a low of 0.68 for independence to a high range of 0.86 for cohesion. The scale and its sub scales have high content validity. This scale has been used in India by Jaggi (2008), Deepshikha (2009) and Bhanot (2009).

14. Satisfaction with Life Scale (Diener et al., 1985)

This scale was developed by Diener et al. in 1985. It is a five-item scale that is designed around the idea that one must ask subjects for an
overall judgment of their life in order to measure the concept of life satisfaction. Individuals indicate their degree of agreement or disagreement on a 7-point Likert scale with 7= strongly agree to 1= strongly disagree scores ranges from 5 to 35. Diener et al. (1985) reported a 2-months test-retest correlation coefficient of .82 and an alpha coefficient of .82 and an alpha coefficient of .87 for undergraduates. Diener et al. (1985) also reported it to be a valid test. This scale was used in India by Maini (2001), Kaur (2002), Sehgal (2003), Mohan (2006), Yadav (2010) and Dhaliwal (2010).

15. Dermatology Life Index (DLI) (Finlay and Khan, 1992)

The Dermatology Life Quality Index was developed by Finlay and Khan in 1992. It is a questionnaire designed for use in adults, i.e. patients over the age of 13. It is self explanatory and can be simply handed to the patient who is asked to fill it in without the need for detailed explanation. It is usually completed in one to two minutes. It is a 4 point rating scale. The DLI measures symptoms, feelings, daily activities, leisure and the treatment of the patient.

16. Family Dermatology Index (FDI) (Basra and Finlay, 2007)

The Family Dermatology Life Quality Index was developed by Basra and Finlay in 2007. It is a questionnaire designed for adults (more than 13 years of age) family members or partners of patients with any skin disease. It is self explanatory and can be simply handed to the patient's family member/partner who is asked to fill it in without the need for detailed explanation. It measures the attitude of the patient's partner or family members towards the patient's skin disease. It is usually completed in two to three minutes. It is a 4 point rating scale.

PROCEDURE

The battery of questionnaires was administered to a sample of 400 adolescents. The sample was from the tri city i.e. Chandigarh, Mohali and Panchkula. The sampling technique used to collect the data was purposive.
sampling, as the sample of subjects with skin disorders were the ones with confirmed diagnosis of the three types of skin disorders viz. Acne, Eczema and Psoriasis. The subjects were given the questionnaires in a booklet form and were requested to respond to them truthfully. They were assured that their results and the information obtained would be kept strictly confidential; and will be used for research purposes only.

The testing schedule was conducted personally in 2-3 sittings. The testing schedule was started by firstly, asking the participants to fill in the general information portion and then proceed to respond to the tests one after the other until all tests and all questions have been responded to.

**INSTRUCTIONS FOR THE QUESTIONNAIRES**

1. **Eysenck’s Personality Questionnaire**
   
   Instructions were: Please answer each question by putting a circle around the ‘Yes’ or ‘No’ following the question. There are no right or wrong answers and no trick questions. Work quickly and do not think long about the exact meaning of the questions. Please check that you have answered all the questions.

2. **Health Locus of Control Scale**
   
   Instructions were: Listed below are a number of statements about various topics which represent different shades of opinion. On each statement people may show their agreement or disagreement. Please indicate whether you agree or disagree with each statement in the following manner, "(SD) Strongly disagree", "(MD) Moderately disagree", (Sd) Slightly disagree", "(Sa) Slightly agree", "(MA) Moderately agree" and "(SA) Strongly agree".

3. **State - Trait Anxiety Inventory**
   
   Following instructions were given for the State Anxiety Scale
   
   Instructions were: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken
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in appropriate circle to the right of the statement to indicate how you feel right now, that is, at this moment. There are no wrong answers. Do not spend too much time on any statement but give the answer which seem to describe your present feelings best according to the following responses:- (1) Not at all, (2) Somewhat, (3) Moderately, (4) Very Much.

Following instructions were given for the Trait Anxiety Scale

Instructions were: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken, in appropriate circle to the right of the statement to indicate how you generally feel. There are no wrong answers. Do not spend too much time on any statement but give the answer which seems to describe your present feelings best according to the following responses:- (1) Almost Never, (2) Sometimes, (3) Often, (4) Almost always.

4. Rosenberg’s Self Esteem Scale

Instructions were: Given below are 10 statements. Please fill in a number for each question that corresponds to your agreement with the statement provided. The responses are: (1) strongly agree (2) agree (3) disagree (4) strongly disagree.

5. Generalized Self Efficacy Scale

Instructions were: “listed below are ten statements to which you have to respond by marking whether they are: Not at all true, Barely true, Moderately true or exactly true”.

6. WHO measure of Mental Health

Instructions were: Given below are 16 statements. Kindly tick the response which is true for you by putting a circle around the ‘Yes’ or ‘No’ alternatives following the question. Your answer will be kept strictly confidential.

7. Stress Symptoms Rating Scale

Instructions were: Given here are 25 statements with a scale of 0-5. Rate the frequency of each item for the previous year along the following scale: (0) Not at all, (1) Less than once per month, (2) Between once per week & once
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per month, (3) Between once per day and per week, (4) About once per day, 
(5) More than once per day. Indicate your answer by circling a number for 
each item. Be sure to answer every item.

8. Perceived Stress Scale
Instructions were: Given below are 10 statements. Please circle 1 number to 
describe the situations. The response alternatives are: (0) Never, (1) almost 
ever, (2) sometimes, (3) fairly often (4) very often.

9. Daily Hassles and Uplifts Scales
Instructions were: Given below are 53 statements with the scale of 0-3 on 
each side. Please circle 1 number on the left side to describe the situations as 
Hassles, and circle one number on the right hand side to describe the 
situation as uplifts. The response alternatives are: (0) None or not applicable, 
(1) Somewhat, (2) Quite a bit, (3) A great deal.

10. Coping Style Inventory
Instructions were: Given below are 30 statements."Rate your responses for 
each item along the following 4 point rating scale. (0) Don't do it all (1) Rarely 
do it (2) often do it (3) usually do this a lot".

11. State Trait Anger Expression Inventory
Instructions were: This test consisted of 3 parts. Part 1 measured State 
Anger, Part 2 measured Trait Anger, and Part 3 measured Anger Expression 
styles.
Instructions for Part 1: A number of statements that people use to describe 
themselves are given below. Read each statement and then fill in the number 
which indicates how you feel right now. Remember that there are no right or 
wrong answers. Do not spend too much time on any one statement, but give 
the answer which seems to best describe your present feelings using the
following scale (1) Not at all, (2) Somewhat, (3) Moderately so, (4) Very much so.

Instructions for Part 2 and Part 3: A number of statements that people use to describe themselves are given below. Read each statement and then fill in the number which indicates how you feel right now. Remember that there are no right or wrong answers. Give the answer which seems to best describe your present feelings using the following scale (1) Almost Never, (2) Sometimes, (3) Often, (4) Almost Always.

12. Parental Bonding Instrument

Instructions were: This questionnaire lists various attitudes and behaviours of parents. As you remember your Mother or Father in your first 16 years would you place a tick in the most appropriate column next to each question. The columns are: (1) Very like (2) Moderately like (3) Moderately unlike (4) Very unlike.

13. Family Environment Scale

Instructions were: There are 90 statements given below which are about families. You are to decide which of these are true of your family and which are false. If you think the statement is true or mostly true for your family, make T (true) mark in the space for each statement. If you think the statement mostly false for your family, make F (false) mark in the space for each statement.

14. Satisfaction with Life Scale

Instructions were: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. The 7 point scale is as follows (1) Strongly disagree, (2) Disagree, (3) Slightly disagree, (4) Neither agree nor disagree, (5) Slightly agree, (6) Agree and (7) Strongly agree.
15. Dermatology Life Index

Instructions were: The aim of this questionnaire is to measure how much your skin problem has affected your life over the last week. Please tick one box for each question.

16. Family Dermatology Index

Instructions were: The questions relate to the impact of your offspring's skin disease on your quality of life over the last month. Please read the questions carefully and tick one box for each.

Scoring and Statistical Analysis

Scoring for all the tests was done with the help of scoring keys as per all the instructions given in the scoring manuals of the tests. The raw scores were then tabulated and subjected to various statistical analyses.

The raw scores were analyzed using appropriate statistical analyses viz. Descriptive statistics, t-test, Anova, Discriminant Functional Analysis, Inter-Correlations and Regression analysis.