Mind-Skin Health Index (MSHI)

Affix patient label within this box

This questionnaire assesses how your condition has affected you **OVER THE PAST MONTH**. Please select the option that best describes your experience. Each question is scored from 0 (**Not at all**) to 3 (**Severe/very often**). Ensure **all questions** are answered.

Scoring: Each question is scored 0 (**Not at all**) to 3 (**Severe / Very Often**). Add scores from **Questions 1-11 only** (Maximum 33).

#	Question (Past Month)	Not at all (0)	Mild / Occasional (1)	Moderate / Often (2)	Severe / Very Often (3)
1	How often do you feel **distressed** about the **appearance of your condition**?	☐	☐	☐	☐
2	How often do **concerns** about your condition **interfere** with your **sleep**?	☐	☐	☐	☐
3	How often do **concerns** about your condition **interfere** with your ability to engage in **everyday physical activities** (e.g., walking, running, climbing stairs, exercising)?	☐	☐	☐	☐
4	How often have you **avoided** attending **social events or gatherings** because you were concerned about your appearance related to your condition?	☐	☐	☐	☐
5	How often do you find it **difficult** to manage your **routine daily tasks** (e.g., dressing, bathing, shopping, cooking) because of your condition?	☐	☐	☐	☐
6	How often do concerns about your condition interfere with your ability to **concentrate** or **function at work, school**, or **volunteer activities**?	☐	☐	☐	☐
7	How often do you **feel judged by others** because of your condition?	☐	☐	☐	☐
8	How often does your condition affect your **intimate relationships**?	☐	☐	☐	☐
9	How often do you **feel anxious, nervous, fearful**, or **unable to control worrying**?	☐	☐	☐	☐
10	How often do you feel **down**, **depressed**, or **hopeless**?	☐	☐	☐	☐
11	How often do you have **little interest** or **pleasure** in doing things?	☐	☐	☐	☐

Additional Screening Items: The questions below screen for related symptoms that may be clinically important. They are recorded separately and are not added to the total score.

MSHI Total Score
(Questions 1–11 only)
_____ / 33

12	How often do you experience **unwanted thoughts, images**, or **impulses** related to your condition that **repeatedly enter your mind**, despite trying to get rid of them?	☐	☐	☐	☐
13	How often do you **pick or scratch at your skin, bite your nails**, **or tear at the skin around your nails** in a way that causes discomfort, soreness, bleeding, scabbing, or visible damage?	☐	☐	☐	☐
14	How often do you **pull out your hair, eyebrows, or eyelashes** in a way that causes noticeable hair loss or discomfort?	☐	☐	☐	☐
15	How often do you experience the **sensation** that something (e.g., insects, parasites, fibers, or other sensations) is **under your skin**?	☐	☐	☐	☐
16	How often do you experience any thoughts about **not wanting to live, harming yourself, or harming others**?	☐	☐	☐	☐

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Clinician Response Protocol

If patient responds >0 to Additional Question 16:

"In the past month, how often do you experience any thoughts about not wanting to live, harming yourself, or harming others because of the impact of your condition?"

1. Initiate a Supportive, Non-Judgmental Conversation

Prompt the patient with exploratory and empathetic questions, including but not limited to:

"Can you share more about these thoughts and feelings?"

"When did you last experience these thoughts?"

"Have you thought about a specific plan or considered acting on these thoughts?"

– If yes: "Do you currently have access to the means to carry out this plan?"

"Are there protective factors or supports in your life that help you feel safer or manage these feelings?" (e.g., family, friends, pets, spiritual beliefs)

2. Stratify Risk Level and Respond Accordingly

Risk Level	Suicidality	Possible Clinical Interventions
Imminent Risk	– Clear, active suicidal plan or intent – Immediate access to means – High distress and urgency	– Referral to the Emergency Department or psychiatric crisis services should be considered – Contact local emergency mental health services or crisis line as appropriate
Moderate Risk	– Passive suicidal ideation without clear active intent – Distressing thoughts with recent escalation or persistence – No immediate access to means	– Develop and document a safety plan with patient – Arrange for outpatient mental health evaluation – Encourage involvement of patient's support network
Low Risk	– Occasional or fleeting suicidal thoughts – No plan or intent – Strong protective factors identified	– Provide crisis helpline information (e.g., 988 Suicide & Crisis Lifeline) – Offer written or electronic resources with local mental health support information

Note: This table provides general guidance on possible responses to varying levels of suicidal ideation. It is not intended to replace clinical judgment, institutional protocols, or individualized assessment.

3. Documentation

Document the patient's report of suicidal ideation, assigned risk level with rationale, and any actions taken (e.g., safety plan, referrals, crisis resources provided). Document follow-up plans; confirm patient understanding and agreement with the care plan.

Disclaimer:

This protocol is a suggested guideline developed to complement the MSHI screening tool. Clinicians must utilize their independent professional judgment and training when managing patients who endorse suicidal ideation or other harmful thoughts. This protocol does not constitute an emergency response guideline, and clinicians should follow local standards of care, institutional policies, and relevant legal obligations when managing patients at risk. The authors and affiliated institutions bear no responsibility for clinical outcomes resulting from the use or interpretation of this protocol.