

# DERMATOLOGY LIFE QUALITY INDEX (DLQI)

HOSPITAL NO. .... DATE ..... SCORE

PATIENT NAME ..... DIAGNOSIS .....

ADDRESS .....

**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.**

- |   |                                    |                                |                                   |                                     |                                      |
|---|------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| 1. Over the last week, <b>how itchy, sore, painful</b> or <b>stinging</b> has your skin been?   | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> |                                      |
| 2. Over the last week, how <b>embarrassed</b> or <b>self conscious</b> have you been because of your skin?  | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> |                                      |
| 3. Over the last week, how much has your skin interfered with you going <b>shopping</b> or looking after your <b>home</b> or <b>garden</b> ?      | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |
| 4. Over the last week, how much has your skin influenced the <b>clothes</b> you wear?   | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |
| 5. Over the last week, how much has your skin affected any <b>social</b> or <b>leisure</b> activities?  | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |
| 6. Over the last week, how much has your skin made it difficult for you to do any <b>sport</b> ?  | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |
| 7. Over the last week, has your skin prevented you from <b>working</b> or <b>studying</b> ?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>    |                                   |                                     | No relevant <input type="checkbox"/> |
| If "No", over the last week how much has your skin been a problem at <b>work</b> or <b>studying</b> ?   | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> |                                      |
| 8. Over the last week, how much has your skin created problems with your <b>partner</b> or any of your <b>close friends</b> or <b>relatives</b> ? | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |
| 9. Over the last week, how much has your skin caused any <b>sexual difficulties</b> ?   | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |
| 10. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?  | Very much <input type="checkbox"/> | A lot <input type="checkbox"/> | A little <input type="checkbox"/> | Not at all <input type="checkbox"/> | No relevant <input type="checkbox"/> |

**Please check you have answered EVERY question. Thank you.**