

## DERMATOLOGY LIFE QUALITY INDEX

DLQI

Score:

**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.**

- |   |   |  |
|---|---|--|
| <p>1. Over the last week, how <b>itchy, sore, painful</b> or <b>stinging</b> has your skin been?</p>  | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> |  |
| <p>2. Over the last week, how <b>embarrassed</b> or <b>self conscious</b> have you been because of your skin?</p>                                       | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> |  |
| <p>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>?</p>      | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> | <p>Not relevant <input type="checkbox"/></p> |
| <p>4. Over the last week, how much has your skin influenced the <b>clothes</b> you wear?</p>  | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> | <p>Not relevant <input type="checkbox"/></p> |
| <p>5. Over the last week, how much has your skin affected any <b>social</b> or <b>leisure</b> activities?</p>   | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> | <p>Not relevant <input type="checkbox"/></p> |
| <p>6. Over the last week, how much has your skin made it difficult for you to do any <b>sport</b>?</p>  | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> | <p>Not relevant <input type="checkbox"/></p> |
| <p>7. Over the last week, has your skin prevented you from <b>working</b> or <b>studying</b>?</p>   | <p>Yes <input type="checkbox"/><br/>           No <input type="checkbox"/></p>  | <p>Not relevant <input type="checkbox"/></p> |
| <p>If "No", over the last week how much has your skin been a problem at <b>work</b> or <b>studying</b>?</p>   | <p>A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p>   |  |
| <p>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>?</p> | <p>Very much <input type="checkbox"/><br/>           A lot <input type="checkbox"/><br/>           A little <input type="checkbox"/><br/>           Not at all <input type="checkbox"/></p> | <p>Not relevant <input type="checkbox"/></p> |



A PROJECT OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Patient initials: \_\_\_\_\_ - \_\_\_\_\_

Patient study ID: \_\_\_\_\_ - \_\_\_\_\_

Name of visit: \_\_\_\_\_

Date of completion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. Over the last week, how much has your skin caused any **sexual difficulties**?
- Very much   
A lot   
A little   
Not at all  Not relevant
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   
A lot   
A little   
Not at all  Not relevant

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