

## DERMATOLOGY LIFE QUALITY INDEX

**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, how <b>itchy, sore, painful</b> or <b>stinging</b> has your skin been?  | Very much <input type="checkbox"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not 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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not 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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not 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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not 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"/><br>No <input type="checkbox"/>  | Not 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> ?   | A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not 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"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 10. | Over the last week, how much of a problem has the <b>treatment</b> for your skin been, for example by making your home messy, or by taking up time? | Very much <input type="checkbox"/><br>A lot <input type="checkbox"/><br>A little <input type="checkbox"/><br>Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |

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

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