



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 **itchy, sore, painful** or **stinging** has your skin been?

- Very
- A lot
- A little
- Not at all

2. Over the last week, how **embarrassed** or **self-conscious** have you been because of your skin?

- Very
- A lot
- A little
- Not at all

3. Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **garden**?

- Very
- A lot
- A little
- Not at all
- Not relevant

4. Over the last week, how much has your skin influenced the **clothes** you wear?

- Very
- A lot
- A little
- Not at all
- Not relevant

5. Over the last week, how much has your skin affected any **social** or **leisure** activities?

- Very
- A lot
- A little
- Not at all
- Not relevant

6. Over the last week, how much has your skin made it difficult for you to do any **sport**?

- Very
- A lot
- A little
- Not at all
- Not relevant



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7. Over the last week, has your skin prevented you from **working** or **studying**?

- Yes
- No

If "No", over the last week how much has your skin been a problem at **work** or **studying**?

- A lot
- A little
- Not at all

8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?

- Very much
- A lot
- A little
- Not at all
- Not relevant

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.

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