

## DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Hospital No:

Date:

Name:

Score:

Address:

Diagnosis:

**The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick 4 one box for each question.**

1. Over the last week, how **itchy, sore, painful** or **stinging** has your skin been?  
Very much  
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 much  
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 much  
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 much  
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 much  
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 much  
A lot  
A little  
Not at all  
Not relevant
7. Over the last week, has your skin prevented you from **working** or **studying**?  
Yes  
No  
Not relevant
- 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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