

Name:
Date:
DLQI Score:

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 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 sports ?

- 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.