DERMATOLOGY LIFE QUALITY INDEX

Hospit Name: Addres		Date: Diagnosis:	Score:			
The ai	im of this questionnaire is to me THE LAST WEEK. Please tick 🗐	asure how much you		m has	affected	your life
1.	Over the last week, how itchy , so painful or stinging has your skin been?	re,	Very much A lot A little Not at all			
2.	Over the last week, how embarras or self conscious have you been to of your skin?		Very much A lot A little Not at all			
3.	Over the last week, how much has skin interfered with you going shopping or looking after your hogarden ?		Very much A lot A little Not at all		Not relev	⁄ant □
4.	Over the last week, how much has skin influenced the clothes you wear?	s your	Very much A lot A little Not at all		Not relev	vant □
5.	Over the last week, how much has skin affected any social or leisure activities?	s your	Very much A lot A little Not at all		Not relev	vant □
6.	Over the last week, how much has skin made it difficult for you to do any sport ?	s your	Very much A lot A little Not at all		Not relev	vant □
7.	Over the last week, has your skin you from working or studying ?	prevented	Yes No		Not relev	vant 🗖
	If "No", over the last week how muyour skin been a problem at work or studying?	ach has	A lot A little Not at all			
8.	Over the last week, how much has skin created problems with your partner or any of your close frier or relatives ?		Very much A lot A little Not at all		Not relev	vant □
9.	Over the last week, how much has skin caused any sexual difficulties ?	s your	Very much A lot A little Not at all		Not relev	vant □
10.	Over the last week, how much of a problem has the treatment for you skin been, for example by making your home messy, or by taking up	our ; o time?	Very much A lot A little Not at all		Not relev	vant □
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