

Dermatology Life Quality Index

Calculating the Dermatology Life Quality Index

1. For each box ticked assign a score as below:

- Very much = 3
- A lot = 2 Yes = 3
- A little = 1 No = 0
- Not at all = 0
- Not relevant = 0

Dermatology Life Quality Index

Hospital No: _____ Date: _____ Score: **DLQI**
 Name: _____ Diagnosis: _____
 Address: _____

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 <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	<input type="checkbox"/>
2 Over the last week, how embarrassed or self-conscious have you been about your skin?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	<input type="checkbox"/>
3 Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
4 Over the last week, how much has your skin influenced the clothes you wear?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
5 Over the last week, how much has your skin affected any social or leisure activities?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	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 sport ?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
7 Over the last week, has your skin prevented you from working or studying ?	Yes <input type="checkbox"/>	<input type="checkbox"/>
	No <input type="checkbox"/>	Not relevant <input type="checkbox"/>
If 'No', over the last week how much has your skin been a problem at work or studying ?	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
9 Over the last week, how much has your skin caused any sexual difficulties ?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
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 <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>

Please check you have answered EVERY question. Thank you.
 DLQI is copyright © A Y Finlay, G K Khan April 1992 at www.dermatology.org.uk.

2. Add all the scores together (maximum 30).

The effect on quality of life can be classified as below:

- 0-1** = No effect
- 2-5** = Small effect
- 6-10** = Moderate effect
- 11-20** = Large effect
- 21-30** = Extremely large effect

Dermatology Life Quality Index

Hospital No: _____ Date: _____ Score: **DLQI**
 Name: _____ Diagnosis: _____
 Address: _____

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 <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	<input type="checkbox"/>
2 Over the last week, how embarrassed or self-conscious have you been about your skin?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	<input type="checkbox"/>
3 Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
4 Over the last week, how much has your skin influenced the clothes you wear?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
5 Over the last week, how much has your skin affected any social or leisure activities?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	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 sport ?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
7 Over the last week, has your skin prevented you from working or studying ?	Yes <input type="checkbox"/>	<input type="checkbox"/>
	No <input type="checkbox"/>	Not relevant <input type="checkbox"/>
If 'No', over the last week how much has your skin been a problem at work or studying ?	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
9 Over the last week, how much has your skin caused any sexual difficulties ?	Very much <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>
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 <input type="checkbox"/>	<input type="checkbox"/>
	A lot <input type="checkbox"/>	<input type="checkbox"/>
	A little <input type="checkbox"/>	<input type="checkbox"/>
	Not at all <input type="checkbox"/>	Not relevant <input type="checkbox"/>

Please check you have answered EVERY question. Thank you.
 DLQI is copyright © A Y Finlay, G K Khan April 1992 at www.dermatology.org.uk.

If two or more questions are left unanswered the questionnaire is not scored

Do you have any psoriasis at the moment?

YES

NO

If you answer 'No', please hand this form to your nurse or doctor.

If you answered **Yes**, please complete the questions on the other side of this page.

Please hand this page to your doctor or nurse when you have finished.

Dermatology Life Quality Index

DLQI

Hospital No: _____ Date: _____
 Name: _____ Diagnosis: _____
 Address: _____

Score:

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 <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | |
| 2 Over the last week, how embarrassed or self conscious have you been about your skin? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | |
| 3 Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 4 Over the last week, how much has your skin influenced the clothes you wear? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 5 Over the last week, how much has your skin affected any social or leisure activities? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
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 sport ? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 7 Over the last week, has your skin prevented you from working or studying ? | Yes <input type="checkbox"/>
No <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| If 'No', over the last week how much has your skin been a problem at work or studying ? | A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | |
| 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 <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 9 Over the last week, how much has your skin caused any sexual difficulties ? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 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 <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |

Please check you have answered EVERY question. Thank you.