

DERMATOLOGY LIFE QUALITY INDEX©

Symptoms

- | | | | |
|-----|---|--|--|
| 1. | Over the last week, how itchy, sore, painful or stinging has your skin been? | Very much
A lot
A little
Not at all | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 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 | <input type="checkbox"/>
<input type="checkbox"/>
<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
A lot
A little
Not at all
Not relevant | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 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 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 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 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 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 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 7. | Over the last week, has your skin prevented you from working or studying ? | Yes
No
Not relevant | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| | 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 | <input type="checkbox"/>
<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
A lot
A little
Not at all
Not relevant | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 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 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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
A lot
A little
Not at all
Not relevant | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |