

# DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Name: Sunday, Fest

Diagnosis: ATOPIC DERMATITIS

Address: NRW 500000000

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? <span style="float: right;">3</span>	<input checked="" type="checkbox"/> Very Much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	
2. Over the last week, how embarrassed or self conscious have you been because of your skin? <span style="float: right;">3</span>	<input checked="" type="checkbox"/> Very Much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> 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? <span style="float: right;">2</span>	<input type="checkbox"/> Very Much <input checked="" type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant
4. Over the last week, how much has your skin influenced the clothes you wear? <span style="float: right;">3</span>	<input checked="" type="checkbox"/> Very Much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant
5. Over the last week, how much has your skin affected any social or leisure activities? <span style="float: right;">3</span>	<input checked="" type="checkbox"/> Very Much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant
6. Over the last week, how much has your skin made it difficult for you to do any sport? <span style="float: right;">2</span>	<input type="checkbox"/> Very Much <input checked="" type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant
7. Over the last week, has your skin prevented you from working or studying? If "No", over the last week how much has your skin been a problem at work or studying? <span style="float: right;">1</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> A lot <input checked="" type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant
8. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives? <span style="float: right;">3</span>	<input checked="" type="checkbox"/> Very Much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant
9. Over the last week, how much has your skin caused any sexual difficulties? <span style="float: right;">1</span>	<input type="checkbox"/> Very Much <input type="checkbox"/> A lot <input checked="" type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> 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? <span style="float: right;">3</span>	<input checked="" type="checkbox"/> Very Much <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not at all	<input type="checkbox"/> Not relevant

Please check you have answered EVERY question. Thank you.

©AY Finlay, GK Khan, April 1992 www.dermatology.org.uk, this must not be copied without the permission of the authors.