

Alfred Sandringham Caulfield

DERMATOLOGY LIFE QUALITY INDEX

Last name*		First name/s*	
Date of birth*		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

*mandatory fields

Thank you for completing this questionnaire. Date questionnaire completed _____

(Save questionnaire to your computer to complete electronically)

The aim of this questionnaire is to measure how much your skin problem has affected your life **OVER THE LAST WEEK**

Tick ✓ one box for each question

1. Over the last week, how itchy, sore, painful or stinging has your skin been?	<input 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?	<input 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 look after your home or garden ?	<input 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
4. Over the last week, how much has your skin influenced the clothes you wear?	<input 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?	<input 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 ?	<input 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
7. Over the last week, has your skin prevented you from working or studying ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not relevant
If 'No', over the last week how much has your skin been a problem at work or studying ?	<input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> 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 ?	<input 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 ?	<input 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
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?	<input 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

Check you have answered EVERY question

