

DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Hospital No:

Date:

Name:

Score:

Address:

Diagnosis:

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 because of 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 |
| 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 |
| 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 |
| 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 |
| 7. Over the last week, has your skin prevented you from working or studying ? | 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 ? | 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 |
| 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 |
| 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 |

Please check you have answered EVERY question. Thank you.

Psoriasis Area and Severity Index (PASI) scoring sheet

Date

Patient name

Hospital number

	Head	Upper limbs	Trunk	Lower limbs
Erythema (E)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Induration (I)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scaling (S)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum (E+I+S)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area score	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum x Area	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text" value="x0.1"/>	<input type="text" value="x0.2"/>	<input type="text" value="x0.3"/>	<input type="text" value="x0.4"/>
	<input type="text"/>	+	<input type="text"/>	+
	<input type="text"/>	+	<input type="text"/>	+
	<input type="text"/>	+	<input type="text"/>	=
	<input type="text"/>			<input type="text"/>

Total PASI score

