

Dermatology Life Quality Index Survey

(psoriasis patients only)

Patient Name: _____

Date: _____

The goal of this survey is to measure how much your psoriasis has affected your life **over the last week**. Please check one box for each question.

1. Over the last week, how itchy, sore, painful, or stinging has your skin been?
 Very much A lot A little Not at all
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
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 N/A
4. Over the last week, how much has your skin influenced the clothes you wear?
 Very much A lot A little Not at all N/A
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 N/A
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 N/A
7. Over the last week, has your skin prevented you from working or studying? yes no
 - a. If "No", over the last week how much has your skin been a problem at work or studying?
 Very much A lot A little Not at all N/A
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 N/A
9. Over the last week, how much has your skin caused any sexual difficulties?
 Very much A lot A little Not at all N/A
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 N/A

