DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Hospital No: _____ **Diagnosis:** _____

Name: _____ _____

Address: _____ **Date:** _____

_____ **DLQI Score:** _____

_____

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
   - ☐ 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

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

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

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

7. Over the last week, has your skin prevented you from **working** or **studying**?
   - ☐ Yes
   - ☐ No
   - ☐ Not relevant

   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

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

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

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

Please check that you have answered EVERY question. Thank you.

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DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Instructions for use

The Dermatology Life Quality Index questionnaire is designed for use in adults, i.e. patients over the age of 16. It is self explanatory and can be simply handed to the patient who is asked to fill it in without the need for detailed explanation. It is usually completed in one or two minutes.

DLQI Score:

Scoring

The scoring of each question is as follows:

Very much	**scored 3**
A lot	**scored 2**
A little	**scored 1**
Not at all	**scored 0**
Not relevant	**scored 0**
Question 7, 'prevented work or studying'	**scored 3**

Scoring notes:

The DLQI is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired.

How to interpret meaning of DLQI scores

0 – 1	No effect at all on patient's life
2 – 5	Small effect on patient's life
6 – 10	Moderate effect on patient's life
11 – 20	Very large effect on patient's life
21 – 30	Extremely large effect on patient's life

There is more information about the DLQI, including over 110 translations, at www.dermatology.org.uk. © AY Finlay, GK Khan, April 1992 www.dermatology.org.uk, this must not be copied without the permission of the authors.

REFERENCES: 1. Finlay AY and Khan G. *Clin Exp Dermatol* 1994;19:210–6.
2. Basra MKA *et al. Dermatology* 2015;230:27–33.

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Talavera Corporate Centre. Building D, 12-24 Talavera Road, Macquarie Park, NSW 2113.
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