

## THE FAMILY DERMATOLOGY LIFE QUALITY INDEX (FDLQI)

Respondent's relationship to the subject  
(Check (X) ONE only):

- (1) Father
- (2) Mother
- (3) Brother
- (4) Sister
- (5) Husband/Wife/Partner
- (6) Adult child
- (999) Other

- The questions relate to the impact of your relative/partner's skin disease on your quality of life over the last month.
- Please read the questions carefully and check one box for each.

1. Over the last month how much emotional distress have you experienced due to your relative/partner's skin disease (e.g. worry, depression, embarrassment, frustration)?

Not at all/Not relevant       A little       Quite a lot       Very much

2. Over the last month how much has your relative/partner's skin disease affected your physical well-being (e.g. tiredness, exhaustion, contribution to poor health, sleep/rest disturbance)?

Not at all/Not relevant       A little       Quite a lot       Very much

3. Over the last month how much has your relative/partner's skin disease affected your personal relationships with him/her or with other people?

Not at all/Not relevant       A little       Quite a lot       Very much

4. Over the last month how much have you been having problems with other peoples' reactions due to your relative/partner's skin disease (e.g. bullying, staring, need to explain to others about his/her skin problem)?

Not at all/Not relevant       A little       Quite a lot       Very much

5. Over the last month how much has your relative/partner's skin disease affected your social life (e.g. going out, visiting or inviting people, attending social gatherings)?

Not at all/Not relevant       A little       Quite a lot       Very much

*(Please turn over)*

6. Over the last month how much has your relative/partner's skin disease affected your recreation/leisure activities (e.g. holidays, personal hobbies, gym, sports, swimming, watching TV)?

Not at all/Not relevant       A little       Quite a lot       Very much

7. Over the last month how much time have you spent on looking after your relative/partner (e.g. putting on creams, giving medicines or looking after his/her skin)?

Not at all/Not relevant       A little       Quite a lot       Very much

8. Over the last month how much extra house-work have you had to do because of your relative/partner's skin disease (e.g. cleaning, vacuuming, washing, cooking)?

Not at all/Not relevant       A little       Quite a lot       Very much

9. Over the last month how much has your relative/partner's skin disease affected your job/study (e.g. need to take time off, not able to work, decrease in the number of hours worked, having problems with people at work)?

Not at all/Not relevant       A little       Quite a lot       Very much

10. Over the last month how much has your relative/partner's skin disease increased your routine household expenditure (e.g. travel costs, buying special products, creams, cosmetics)?

Not at all/Not relevant       A little       Quite a lot       Very much

Thank you for completing the questionnaire.