

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 over, 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., vacation, 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 their skin)?

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

8. Over the last month, how much extra housework 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 work/studies (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., transportation costs, buying special products, creams, cosmetics)?

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

Thank you for completing the questionnaire.