**PSORIASIS DISABILITY INDEX**

* **Thank you for your help in completing this questionnaire.**
* Please tick one box for every question.
* Every question relates to the **LAST FOUR WEEKS ONLY.**

**All questions relate to the LAST FOUR WEEKS.**

**DAILY ACTIVITIES:**

1. How much has your psoriasis interfered with you

 carrying out work around the house or garden? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

2. How often have you worn different types or colours

 of clothes because of your psoriasis? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

3. How much more have you had to

 change or wash your clothes? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

4. How much of a problem has your psoriasis

 been at the hairdressers? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

5. How much has your psoriasis resulted in you

 having to take more baths than usual? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

* There are two different versions of questions 6, 7 and 8.
* If you are **at regular work or at school** please answer the first

 questions **6 - 8**.

* If you are **not at work or school** please answer the second

 questions **6 - 8**.

**All questions relate to the LAST FOUR WEEKS.**

**WORK OR SCHOOL (if appropriate)**

6. How much has your psoriasis made you lose

 time off work or school over the last four weeks? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

7. How much has your psoriasis prevented you from

 doing things at work or school over the last four weeks? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

8. Has you career been affected by your psoriasis?

 e.g. promotion refused, lost a job, asked to change a job. **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

**IF NOT AT WORK OR SCHOOL: ALTERNATIVE QUESTIONS**

6. How much has your psoriasis **stopped you** carrying out

 your normal daily activities over the last four weeks? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

7. How much has your psoriasis **altered the way** in

 which you carry out your normal daily activities

 over the last four weeks? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

8. Has your career been affected by your psoriasis?

 e.g promotion refused, lost a job, asked to change a job. **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

**All questions relate to the LAST FOUR WEEKS.**

**PERSONAL RELATIONSHIPS:**

9. Has your psoriasis resulted in sexual difficulties

 over the last four weeks? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

10. Has your psoriasis created problems with your

 partner or any of your close friends or relatives? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

**LEISURE:**

11. How much has your psoriasis stopped you going

 out socially or to any special functions? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

12. Is your psoriasis making it difficult for you to

 do any sport? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

13. Have you been unable to use, criticised or stopped

 from using communal bathing or changing facilities? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

14. Has your psoriasis resulted in you smoking or

 drinking alcohol more than you would do normally? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

**TREATMENT:**

15. To what extent has your psoriasis or treatment

 made your home messy or untidy? **Very much ❑**

 **A lot ❑**

 **A little ❑**

 **Not at all ❑**

**Please check that you have answered all the questions.**

**Thank you for your help.**

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 PDI Version : Tick-box 1999