**The** **Family Dermatology Life Quality Index ( FDLQI )**

Name: …………………………… FDLQI Score

Relationship with patient: . ...………………………..

Patient’s diagnosis (if known): …....……………………… Date: ...…………

* 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 tick 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 littleQuite 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 littleQuite 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 littleQuite 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 littleQuite 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 littleQuite 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 their skin)?

Not at all/Not relevant A littleQuite 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 littleQuite 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 littleQuite 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 littleQuite a lot Very much

Thank you for completing the questionnaire.

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