

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 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

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.