

ANNEXURE

Annexure 1: Modified dermatology life quality index (DLQI).			
Hospital No:	Date		
Name:	modified DLQI Score		
Address:	Diagnosis		
This questionnaire aims to measure how much your nail problem has affected your life OVER THE LAST WEEK. Please tick <input checked="" type="checkbox"/> one box for each question			
1. Over the past week, how itchy, sore, painful or stinging have your nails been?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
2. Over the past week, how embarrassed or self-conscious have you been because of your nails?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
3. Over the last week, how much have your nails interfered with you going shopping or looking after your home or garden?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
4. Over the past week, how much have your nails influenced the clothes you wear?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
5. Over the last week, how much have your nails affected any social or leisure activities?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
6. Over the last week, how much have your nails made it difficult for you to do any sport?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
7. Over the last week, have your nails prevented you from working or studying?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
8. If 'No', over the last week how much has your skin been a problem at work or studying?	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	
9. Over the last week, how much have your nails created problems with your partner or any of your close friends or relatives?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
10. Over the last week, how much have your nails caused any sexual difficulties?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>

11. Over the last week, how much of a problem has the treatment for your nails been, for example, by making your home messy or by taking up time?	Very much	<input type="checkbox"/>	
	A lot	<input type="checkbox"/>	
	A little	<input type="checkbox"/>	
	Not at all	<input type="checkbox"/>	Not relevant <input type="checkbox"/>
Please check that you have answered EVERY question. Thank you			
<input type="checkbox"/> Based on AY Finlay, GK Khan, April 1992 www.dermatology.org.uk , this must not be copied without the permission of the authors			