

Psoriasis Biologic Questionnaire

Name: _____

Weight: _____

Date: _____

Physician: Mabry Martin Wirges

Yes No

___ ___ Do you consume alcoholic beverages?
If so, how much/how often: _____

___ ___ Do you smoke?
If so, how much/how often: _____

___ ___ History of liver problems/hepatitis?

___ ___ History of kidney problems/dialysis?

___ ___ History of heart disease?

___ ___ History of depression?

___ ___ Do you have high cholesterol?

___ ___ Do you have neurological problems, such as multiple sclerosis?

___ ___ Do you optic neuritis or loss of vision in one/both eyes?

___ ___ History of cancer (skin or internal)?

If yes, describe: _____

___ ___ Family history of cancer (skin or internal)?

If yes, describe: _____

___ ___ Tuberculosis exposure/positive TB skin test?

___ ___ TB skin test within 1 year? Date: _____

___ ___ Do you have Crohn's disease or ulcerative colitis?

___ ___ History of T cell lymphoma?

___ ___ Are you a female of childbearing age?

If yes, what method of contraception do you use: _____

___ ___ Do you smoke?

Please mark any of the following treatments that you have used in the past for your psoriasis and list the length of treatment:

Yes No

___ ___ Light therapy: _____

___ ___ PUVA: _____

___ ___ Methotrexate: _____

___ ___ Oral/injectable steroids: _____

___ ___ Soriatane: _____

___ ___ Cyclosporine: _____

___ ___ Enbrel: _____

___ ___ Humira: _____

___ ___ Remicade: _____

___ ___ Stelara: _____

___ ___ Topical steroids? Length of treatment: _____

Circle the topical steroids below that you have used:

Triamcinolone

Clobetasol

Fluocinonide

Fluocinolone

Betamethasone

Halobetasol

Desonide

Alclometasone

Part 1: Quality of Life - Please answer each of the following questions as they pertain to your psoriasis during the past month. (Circle one number per question)

	Not at All			Somewhat				Very Much			
1. How self-conscious do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10
2. How helpless do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10
3. How embarrassed do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10
4. How angry or frustrated do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10
5. To what extent does your psoriasis make your appearance unsightly?	0	1	2	3	4	5	6	7	8	9	10
6. How disfiguring is your psoriasis?	0	1	2	3	4	5	6	7	8	9	10
7. How much does your psoriasis impact your overall emotional well-being?	0	1	2	3	4	5	6	7	8	9	10
8. Overall, to what extent does your psoriasis interfere with your capacity to enjoy life?	0	1	2	3	4	5	6	7	8	9	10

How much have each of the following been affected by your psoriasis during the past month? (Circle one number per question)

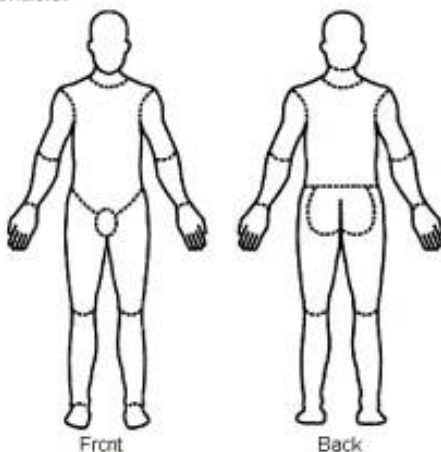
	Not at All			Somewhat				Very Much			
9. Itching?	0	1	2	3	4	5	6	7	8	9	10
10. Physical irritation?	0	1	2	3	4	5	6	7	8	9	10
11. Physical pain or soreness?	0	1	2	3	4	5	6	7	8	9	10
12. Choice of clothing to conceal psoriasis?	0	1	2	3	4	5	6	7	8	9	10

Total Quality-of-Life Score (0 - 120)
 * (Medical staff to calculate)

12-Item Psoriasis Quality of Life Questionnaire (PQOL-12), Copyright 2002, 2003, Allergan, Inc.

Part 2:

A. Using the figures below, place an "X" on the parts of your body that currently have psoriasis.



Part 3:

A. Have you ever been diagnosed with psoriatic arthritis?

Yes No

B. Do you have swollen, tender, or stiff joints (e.g., hands, feet, hips, back)?

Yes No

If yes, how many joints are affected? (Check one box)


1 2 3 4 More than 4

If yes, how much have your joint symptoms affected your daily activities?

Not at all A little A lot Very much



Once completed, please return to medical staff

Part 1: Total Quality-of-Life assessment score (from part 1 of previous page) 

Part 2: Area of total body involvement: % BSA (body surface area)

Head % Head: up to 9% of total BSA

Anterior Trunk % Anterior Trunk: up to 18%

Posterior Trunk % Posterior Trunk: up to 18%

Right Leg % Right Leg: up to 18% (includes buttock)

Left Leg % Left Leg: up to 18% (includes buttock)

Both Arms % Both Arms: up to 18%

Genitalia % Genitalia: 1%

Note: Patient's open hand (from wrist to tips of fingers) with fingers tucked together and thumb tucked to the side equals approximately 1% body surface area

Total BSA %

Part 3: In terms of psoriasis severity, does the patient have:

Check Answer

	Yes	No
Plaque, erythrodermic, or pustular psoriasis with >10% BSA involvement?		
Persistent guttate psoriasis?		
Localized (< 10% BSA) psoriasis but resistant to optimized attempts at topical therapy or physically disabling (e.g., palmar and/or plantar psoriasis)?		
Localized (< 10% BSA) but serious subtype with possibility of progression (eg, pustular or pre-erythrodermic psoriasis)?		
Psoriatic arthritis that affects daily activities (arthritis based on prior diagnosis or Part 3 of patient self-assessment and physician clinical assessment)?		
Substantial psychosocial or quality-of-life impact documented by patient Quality-of-Life self-assessment score of ≥ 50 ?		

Part 4: Is phototherapy an option?

Check Answer

	Yes	No
Is a suitable phototherapy unit readily accessible to the patient?		
Does the anatomical location or form of psoriasis (e.g., scalp, inverse, erythrodermic) preclude phototherapy?		
Does the patient have the dedication, time, stamina, or transportation for phototherapy?		
Has phototherapy, as monotherapy, failed in the past?		
Is phototherapy contraindicated (eg, photosensitive drugs, history of multiple skin cancers)?		
In your clinical judgement, is phototherapy likely to yield substantial improvement to justify its use before systemic therapy?		

Physician/Nurse comments: _____

If at least one of the shaded boxes in both Part 3 and Part 4 above are checked, then the patient is a candidate for systemic therapy.

CONCLUSION: The patient is a candidate for systemic therapy	Yes	No
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