

has your patient experienced any adverse events)?

Yes

No

An adverse event (AE) is defined as any medically untoward event occurring in a patient whether or not related to any treatment or medication

A serious adverse event (SAE) is defined by the classifications in the box below

Please enter details of ALL adverse events (both serious and non-serious) from this follow-up period

Event No.	Description of event (Symptoms, Diagnosis, Treatment)	Start date	Start Date Estimated?	Stop date	Stop Date Estimated?	Is the event ongoing?	Is the event related to biologic/ biosimilar or small molecule drug therapy? <i>Yes, No or Don't Know</i> <i>Not required for conventional cohort patients</i>	Yellow Card Sent?	Is the event a SAE ? If yes please select code (see below)	Is the event an ESI? If yes please select from list (see below)	Outcome of the event?
	Symptoms - Diagnoses - Treatment -						If 'Yes' Name of drug: _____	If 'Hospitalisation' Admission Date: _____ Discharge Date: _____	ESI category - ries moved to AE summary page	<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death	
	Symptoms - Diagnoses - Treatment -						If 'Yes' Name of drug: _____	If 'Hospitalisation' Admission Date: _____ Discharge Date: _____		<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death	
	Symptoms - Diagnoses - Treatment -						If 'Yes' Name of drug: _____	If 'Hospitalisation' Admission Date: _____ Discharge Date: _____		<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death	
	Symptoms - Diagnoses - Treatment -						If 'Yes' Name of drug: _____	If 'Hospitalisation' Admission Date: _____ Discharge Date: _____		<input type="checkbox"/> Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death	

Code	SAE Classification
1	Death
2	Overnight Hospitalisation
3	IV antibiotics/antivirals/antifungal
4	Significant loss of function or disability
5	Congenital malformation
6	Immediately Life Threatening
7	Medically Important Event

If any of the Serious Adverse events you have listed include any of the following, an Event of Special Interest (ESI) form needs to be completed:

- *Aplastic anaemia, pancytopenia or serious neutropenia*
- *Cerebrovascular Accident (CVA)*
- *Hepatitis B Reactivation*
- *Lymphoproliferative Disease*
- *Malignancy (not inc. skin)*
- *Melanoma / Skin Cancer (inc. Bowens Disease)*
- *Drug misuse, abuse, overdose and medication error*
- *Myocardial Infarction/Acute Coronary Disease*
- *Pregnancy*
- *Pulmonary Embolism*
- *Serious Congestive Heart Failure*
- *Serious Demyelination/Optic Neuritis*
- *Serious Hepatic Dysfunction/Failure*
- *Serious Hypersensitivity Reaction*
- *Serious Infection (excl. TB)*
- *Serious Lupus/Lupus like illness*
- *Serious Psoriasis Flare (Overnight Hospitalisation Only)*
- *Serious Skin Reaction*
- *Surgery (Overnight Hospitalisation Only)*
- *Tuberculosis (Not Latent)*

Current Disease Severity

Please indicate the current disease severity

BSA *Only if the patient has pustular psoriasis*
 Date of BSA/...../.....

Please enter the details of all PASIs & PGAs that have been completed since the patients last follow-up.

Please note at least one PASI must be collected during a follow-up period to be eligible for payment .

Date Collected	PASI	Psoriasis Global Assessment	Patient Completed PGA

- Psoriasis Global Assessment score:**
- Severe
 - Moderate to severe
 - Moderate
 - Mild
 - Almost clear
 - Clear

Has the patient been diagnosed with psoriatic arthritis by a rheumatologist? Yes No

if this is a new diagnosis please remember to add this as an adverse event

Additional Information

What is the patient's current weight and waist circumference?

Weight kg
 Waist circumference cm

FUP9 + :
 Weight / Waist
 not required

If the patient is under 16 year of age on the date of this follow-up, please provide a height measurement: cm

Patient Follow-up Questionnaire

The patient questionnaire should also be completed containing:

Medical Problems
 DLQI
 EuroQol
 Lifestyle Qus
 CAGE
 *HAQ
 HADS

If paediatric patient:

cDLQ EQ-5D-y
 *cHAQ

FUP 7+ :
 Patient Questionnaire is **not required**

If remote appointment, please advise that patient questionnaires can be completed directly through the website or app. Visit the BADBIR website for further details.

*(*Only if patient has a rheumatologist's diagnosis of inflammatory arthritis)*

Signature

Please sign and date below:

Clinician's signature: _____ Date: _____