Please complete Name: Hosp. No.: NHS/CHI: DoB:		etient sticker: A	ddress:		ВА	DBIR ID:	Biologics and Immunomodulators Register
BAD Biologi	cs and In	nmunomo	dulator	s Register	Baseline	Clinical	Questionnaire
Today's Date:				Date of Cons	ent:	s	ent to BADBIR?
Date Entered on	to Databas						
oriasis 1. Does the patie			_			Ye	s No
Erythroderm	ic psoriasis			Generalised p	oustular psor	iasis	
2. What type of p	soriasis does	the patient <u>cur</u>	rently have?	3. Ple	ase complete	e the following	details:
			Yes No	Year	of diagnosis (best approximatio	n):
Chronic plaque	psoriasis			Voor	irst saan hu	a dermatologis	,.
L→ Small (≤3cm	n diam)			Teal I	n at accit by o	a dermatologis	. []]
^L → Large (>3cm	n diam)			4. Doe	es the patien	t have a family	history of
Flexural/intertri	ginous			psoria	sis? (i.e. first	-	ve such as parent,
Seborrhoeic pso	oriasis			Sining	g or child)		
Scalp						Yes	
Palms/soles (no	n-pustular)					No	
Nails					Don't	know	
L→ If yes, indica	ate number of	nails affected		Disease Sever	ity		
Guttate psorsia	sis					nt have diagno	
Unstable psoria					Ū	psoriatic arth	ritis: natory arthritis condi-
Erythrodermic					comorbidities		iatory artificial contain
Generalised pus	stular psoriasis	;		Yes			
Localised pustu	•			No		Year o	f Diagnosis
L→ Acrodermat	•						
L→ Palmoplant	·			Psoriasis (Generalised Pustul	_
Other (please sp	·			Assessme • Severe		PGA (GPPGA): Severe	PGA (PPGA): • Severe
(1-1-0000 0)	- ,,					• Severe • Moderate	Moderate
				• Modera • Mild		Mild Almost clear	Mild Almost clear
6. Please docume BADBIR registrat			cluding the J			Clear	• Clear
					stular psoriasis		When asking patients to
Locatio		Psoriasis Globa		Generalised	Generalised	psoriasis only	assess their psoriasis, please use the following phrasing: "How would you currently
Date clinic/re	emote) PASI	Assessment	Completed F	PGA Pustular PASI	Pustular PGA	BSA	rate your psoriasis?"
							Please be aware that the patient may have completed a patient completed PGA as part of their questionnaires.

Current Drug Therapy									_											
7. Is the patient currently	on any	of th	e fol	lowir	ng top	oical	treat	tmen	ts?					_		ı ı		_		
Topical pimecrolimus	S	Ye	s L		No			T	opical tacro	olimu	S		Yes			No				
8. Please list all the patier the two listed above are r				py fo	r any	indi	catio	n (Pl	ease note t	opico	al tre	atme	ents d	apar	t fro	m				
			D	ate S	tarte	<u>d</u>										D	ate S	Starte	d	
DRUG		d	d	m	m	У	у	_		DF	RUG				d	d	m	m	V	у
						-		_												
9. Is the patient currently Bimzelx (bimekizuma	ab)										es		Г	No d	d] r	n T	m	у	У
Cimzia (certolizumab		C	omm	ence	ment	date	of t	nis e	pisode of bi	ologi	c the	rapy	: [
Cosentyx (secukinum	nab)	Is	this	the p	atien	nt's fi	rst e	xpos	ure to a bio	logic	agen	t:	Ye	es			No			
Ilumetri (tildrakizum	ab)		-	\occ			٦		If appli	icable:			comme					e follo	wed?	
Kyntheum (brodalun	nab)		L	ose:					Yes	╝,		lo*				ly unkn		<u>Ц</u>	_	
Skyrizi (risankizumab)	F	requ	ency	: [*If 'No	o' , plea	ase pro	vide o	details	of dev	iation	from so	hedule	2:
Taltz (ixekizumab)																				
Tremfya (guselkumal	b)	ILUMETRI/SKYRIZI/ZESSLY ONLY: Provide administration dates																		
Please be aware that the list we recruit for changes perio The list here may not be up the Please visit the eligibility paga website for our current list of www.badbir.org/Clinicians/Eligi	dically. to date. se on our of drugs:		d	d	m n	n y	/		3atch number		Cimzia Cosent Ilumet Kynthe Skyrizi: Taltz: 1	: 400 m :yx: 300 ri: 100 eum: 21 : 150m 160mg	ng at wo Omg at v Img at v 10 mg a g at we at weel	eeks 0 weeks weeks at wee eks 0 k0, 80), 2 and s 0, 1, 2 0 & 4. eks 0, 1 & 4. 1 Img at	2, 3 & 4 12 we	ekly th y there 2, 4, 6,	ereafte	r	
10. Is the patient current	ly receiv	ving	a <u>sm</u>	all m	olecu	ıle im	nmur	nomo	odulator the	erapy	_for t	their	psor	iasis	?	Υe	es		No	
											<u>D</u>	ate S	tarte	<u>d</u>	1					
DRUG	(Please	e tick	<u>()</u>	Dos	se (m	g)		Freq	uency	d	d	m	m	У	У	_				
Skilarence (dimethyl fumarate)								Averag	ge daily dose											
11. Is the patient current	tly receiv	ving	conv	entic	nal t	hera	py fo	r the	eir psoriasis	?		•	Yes			No				
				Dos	se (J/c	cm² c	or T			L	Di	ate S	tarte	d						
DRUG	(Please	tick)	mg			_	Frequ	<u>uency</u>	d	d	m	m	у	у					
Oral PUVA																				
Methotrexate																				
Ciclosporin							1	Averag	e daily dose											
Acitretin																				
Fumaderm								Averag	e daily dose											
Hydroxycarbamide																				
Version 11 01/08/2022 p.2 of	4			1			I			1	1	<u> </u>	ı	<u> </u>	1	I				

	<u> </u>	ystemic anti-psoriatic th		one please t	
Drug		Start da	te Stop date		Stop reason*
Stop reasons: Adverse L	Events, Cli	inical Trial, Contraindica	tion, Death, Financial Considera	tion, Ineffice	acy, Inefficacy an
dverse Events. Other (p)	lease prov	vide details). Patient Cha	oice, Patient Non-Compliance, Re	emission. Tit	ration
(p		,,	,	, , , , , , , , , , , , , , , , , , , ,	
rbidities					
	ver had (i	.e. required treatment f	for) any of the following illnesses	s?	
(please tick <u>all</u> th	-	-	If none please tick		
(p. 2022 1.21. <u>211.</u> 1.1.			produce them		
Hypertension	Yes	Year of Onset	Kidney Disease	Yes	Year of Onset
Hypertension			Chronic Kidney Disease		
			Glomerular Disease		
Cardiovascular Disease	Yes	Year of Onset	Renovascular Kidney Disease		
Angina			Inherited Renal Disease		
Myocardial Infarction Stroke / Cerebrovascular			(polycystic kidney disease)		
Disease			D .: 111		
Peripheral Vascular			Peptic Ulcer Peptic Ulcer	Yes	Year of Onset
Disease			repute officer		
Dyslipidaemia			Demyelination	Yes	Year of Onset
			Optic Neuritis		
Diabetes	Yes	Year of Onset	Multiple Sclerosis		
Type 1			Transverse Myelitis		
Type 2			Chronic Inflammatory Demyelinating Polyneuropathy		
			Guillain-Barre Syndrome		
Autoimmune Disorders	Yes	Year of Onset			
Thyroid Disease Alopecia Areata			Epilepsy	Yes	Year of Onset
Vitiligo			Epilepsy		
Psoriatic Arthritis			Peptic Ulcer	Yes	Year of Onset
			Peptic Ulcer	100	
Thrombosis	Yes	Year of Onset			
Deep vein thrombosis	163	ical of offset	Non-Skin Cancer	Yes	Year of Onset
Pulmonary embolism			Please specify type / site:		
Asthma					
COPD (including chronic					
bronchitis, emphysema)			Psychiatric	Yes	Year of Onset
			Depression		
	Yes	Year of Onset	Anxiety		
			Inflammatana	Voc	Voor of Orest
NAFLD (non-alcoholic fatty			Inflammatory Bowel Crohns	Yes	Year of Onset
NAFLD (non-alcoholic fatty liver disease, including fatty			CIUIIII	_	
NAFLD (non-alcoholic fatty liver disease, including fatty liver and NASH)			Ulcerative Colitis		
NAFLD (non-alcoholic fatty liver disease, including fatty liver and NASH) Alcoholic Liver Disease Viral Hepatitis			Ulcerative Colitis		
NAFLD (non-alcoholic fatty liver disease, including fatty liver and NASH) Alcoholic Liver Disease Viral Hepatitis			Ulcerative Colitis Other (please specify)	Yes	Year of Onset
Liver Disease NAFLD (non-alcoholic fatty liver disease, including fatty liver and NASH) Alcoholic Liver Disease Viral Hepatitis Autoimmune Hepatitis Inherited Liver Disease (inc. haemochromatosis)				Yes	Year of Onset

seasily, never tans Instruction Instructio	la) Please indicate Fitzpatrick skii	n type in	box below	(Plea	ase indicate number) and site below)	No
ns easily, tans minimally 2 ms moderately, tans gradually 3 ms moderately, tans gradually 3 ms moderately, tans gradually 3 ms minimally, tans well 4 Actinic keratosis Bowen's disease Keratoacanthoma Melanoma Melanoma in situ Actinic keratosis Bowen's disease Keratoacanthoma 15. Has the patient ever had UV therapy? Yes No if YES, please complete the following: UV Therapy Details Yes No. of Courses Treatments No. of Treatmen	Description				Туре	Site	Number
Melanoma Melano	Burns easily, never tans	1			SCC		
Melanoma in situ Actinic keratosis Bowen's disease Keratoacanthoma 15. Has the patient ever had UV therapy? Yes No of Courses No of Cour	Burns easily, tans minimally	2			BCC		
Melanoma in situ Actinic keratosis Bowen's disease Keratoacanthoma 15. Has the patient ever had UV therapy? Yes No If YES, please complete the following: UV Therapy Details Yes No. of Courses No. of Cumulative Dose Data Known to be Accurate? Broadband UVB TOTAL BODY PUVA Oral PUVA Topical PUVA Topi	Burns moderately, tans gradually	3			Melanoma		
Actinic keratosis Bowen's disease Keratoacanthoma 15. Has the patient ever had UV therapy? Yes No if YES, please complete the following: UV Therapy Details Yes No. of Courses No. of Cumulative Dose Data Known to be Accurate? Broadband UVB Narrowband UVB Narrowband UVB Narrowband UVB Narrowband UVB Narrowband UVB Noral PUVA Oral PUVA Oral PUVA Oral PUVA Oral PUVA Oral PUVA Oral PUVA Topical PUVA Topical PUVA Is seen the following laboratory uses (recent i.e. within last 6 months): BORATORY VALUES Benenglobin count (g/dL) inite cell count (x10°/L) atelet count (x10°/L) atelet count (x10°/L) atelet count (x10°/L) atelet count (x10°/L) bite cell count (x10°/L) atelet count (x10°/L) Additional Information 17. What is the patient's current (i.e. at the time that the biologic/systemic agen was started) height, weight and waist circumference? Systolic	Burns minimally, tans well	4			Melanoma in sit	u	
Bowen's disease Keratoacanthoma 15. Has the patient ever had UV therapy? Yes No If YES, please complete the following: UV Therapy Details Yes No. of Courses No. of Treatments (I/cm²) Data Known to be Accurate? Broadband UVB Narrowband UVB Nar	Rarely burns, tans profusely	5			Actinic keratosis	;	
Second S	<u> </u>				Bowen's disease	2	
15. Has the patient ever had UV therapy? Yes No If YES, please complete the following: UV Therapy Details Yes No. of Courses No. of Treatments (J/cm²) Data Known to be Accurate? Broadband UVB No. of Courses No. of Courses (J/cm²) Data Known to be Accurate? Broadband UVB TOTAL BODY PUVA Oral PUVA Topical PUVA Topica		-		<u> </u>	Keratoacanthom	na	
UV Therapy Details Yes No. of Courses No. of Courses Treatments (I/cm²) Data Known to be Accurate? Broadband UVB Narrowband UVB TOTAL BODY PUVA Topical PUVA Topical PUVA Topical PUVA Topical PUVA Topical PUVA Please complete the following laboratory ues (recent i.e. within last 6 months): BORATORY VALUES Result Date Systolic Systolic In Mhat is the patient's current (i.e. at the time that the biologic/systemic ager was started) blood pressure? Systolic In Mhat is the patient's current (i.e. at the time that the biologic/systemic agen was started) height, weight and waist circumference? Is What is the patient's current (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference? Is What is the patient's current (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference? Is What is the patient's current (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference? Is Weight Weight Weight Waist Cricumference If paediatric patient: CDLQI PBQ Is It is not essential but a DLQI taken prior to drug commencement is preferred (2) (Only if patient has a rheumatologist's diagnosis of inflammatory arthritis)	herapy					<u> </u>	
Broadband UVB Narrowband UVB TOTAL BODY PUVA Oral PUVA Topical PUVA Topical PUVA AMAD AND FOOT PUVA Ses Please complete the following laboratory use (recent i.e. within last 6 months): BORATORY VALUES Result Date Boradband LT (U/L) ansaminase ALT (U/L) colesterol (mmol/L) biglyceride (mmol/L) colesterol (mmol/L) col	15. Has the patient ever had U	V therap	y? Yes		No If YE	S, please complete the	following:
Broadband UVB Narrowband UVB Narrowband UVB Narrowband UVB TOTAL BODY PUVA TOPICAL PUVA Topical PUVA HAND AND FOOT PUVA Oral PUVA Topical PUVA Topical PUVA Salaber Complete the following laboratory ues (recent i.e. within last 6 months): BORATORY VALUES Result Date Seatmoglobin count (g/dL) hite cell count (x10³/L) atelet count (x10³/L) atelet count (x10³/L) atelet count (x10³/L) ansaminase ALT (U/L) nolesterol (mmol/L) biglyceride (mmol/L) Coll (mmol/L) Coll (mmol/L) Coll (mmol/L) Coll (mmol/L) Coll (mmol/L) Coll (wild is in the patient's current (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference? If paediatric patient: circumference Coll Questionnaires collowing patient conditions and started in the patient of the patient's current (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference? If paediatric patient: circumference Coll Questionnaires collowing patient conditions and started in the patient of the patient of the patient's current (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference? If paediatric patient: circumference Coll Questionnaires collowing patient conditions and patient conditions and patient conditions are conditions and patient conditions and patient conditions are conditions and patient conditio	UV Therapy Details	Yes	No. of Cour	rses			
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(1) It is not essential but a DLQI taken prior to drug commencement is preferred (2) (Only if patient has a rheumatologist's diagnosis of inflammatory arthritis)	16. Please complete the following values (recent i.e. within last 6 monomorphisms) LABORATORY VALUES Haemoglobin count (g/dL) White cell count (x10°/L) Platelet count (x10°/L) Creatinine (µmol/L) Transaminase ALT (U/L) Cholesterol (mmol/L) Triglyceride (mmol/L)	nths):		Date	15 th	17. What is the patient's i.e. at the time that the was started) blood press Systolic Diastolic 5. What is the patient's go at the biologic/systemic eight, weight and waist of the wais	mm current (i.e. at the time agent was started) circumference? cm kg cm
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Version 11 01/08/2022 p.4 of 4