

BADBIR

PATIENT BASELINE QUESTIONNAIRE



Thank you for your participation in BADBIR. We would be grateful if you could complete the questionnaires below and hand them to your dermatology nurse / doctor.

Name: Date of Birth: BADBIR ID: For office use only

Where were you born? Town: Country:

What is your occupation?

Please tick the one box which best describes you:

Working full-time
 Working part-time
 Working full-time in the home
 Student
 Unemployed but seeking work
 Not working due to ill health/disability
 Retired

Which of these ethnic groups do you belong to?

White
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Black-African
 Black-Caribbean
 Black-British
 Black-other
 Other Please specify

Do you have an occupation or hobby which is mainly outdoors? Yes No

Have you ever lived in a tropical/subtropical (hot/sunny climate) country? Yes No

Have you **EVER** smoked more than one cigarette a day? Yes No

If you have **ever** smoked, what was the average number of cigarettes /day? Cigarettes per day

Age started smoking years Age stopped smoking years

Do you **CURRENTLY** smoke more than one cigarette a day? Yes No

If **YES**, how many cigarettes do you smoke each day? Cigarettes per day

Do you drink alcohol? Yes No

If yes, how many units do you drink in an **average week**? For guidance please refer to the table below

Alcoholic Drink	No. of units
A pint of ordinary beer/lager (4%)	2.3
A pint of strong lager	3
A standard (175ml) glass of wine	2
A large (250ml) glass of wine	3
A small (25ml) glass of spirits	1
A 275ml bottled alcopop	1.5

How would you currently rate your psoriasis? Please choose one.

Severe
 Mild
 Clear
 Moderate
 Almost clear