BADBIR
The University of Manchester
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Manchester Science Park
Manchester
M15 6SZ

BAD Biologics and Immunomodulators Register

Patient Follow-Up Questionnaire

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Follow-up

Thank you for taking the time to fill in this questionnaire!

Please note that you can also complete these questionnaires online through the Patient Portal. Ask your dermatology practitioner for more information or visit the BADBIR website.

Patient Global Assessment

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

- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Almost clear
- ☐ Clear

Medical Problems

1. How many times have you been ADMITTED to hospital since your last dermatology clinic visit?
(Please tick one box)

- None ☐
- One ☐
- Two ☐
- More than two ☐

2. How many NEW DRUGS have you been prescribed since your last dermatology clinic visit?
(By your GP or the hospital)

- None ☐
- One ☐
- Two ☐
- More than two ☐

3. How many NEW hospital clinics have you been REFERRED to since your last dermatology clinic visit?

- None ☐
- One ☐
- Two ☐
- More than two ☐

4. What is your occupation?

Please tick the one box which best describes you:

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

Dermatology Life Quality Index

The aim of the next 10 questions is to measure how much your skin problem has affected your life **over the last week**. Please tick one box for each question.

1. Over the last week, how **itchy, sore, painful or stinging** has your skin been?

Very much	☐
A lot	☐
A little	☐
Not at all	☐

2. Over the last week, how **embarrassed** or **self conscious** have you been because of your skin?

Very much	☐
A lot	☐
A little	☐
Not at all	☐

3. Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home or garden**?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

4. Over the last week, how much has your skin influenced the **clothes** you wear?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

5. Over the last week, how much has your skin affected any **social** or **leisure** activities?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

6. Over the last week, how much has your skin made it difficult for you to do any **sport**?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

7. Over the last week, has your skin prevented you from **working** or **studying**?

Yes	☐
No	☐

If "No", over the past week how much has your skin been a problem at **work** or **studying**?

A lot	☐
A little	☐
Not at all	☐

8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends or relatives**?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

9. Over the last week, how much has your skin caused any **sexual difficulties**?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

10. Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?

Very much	☐
A lot	☐
A little	☐
Not at all	☐
Not relevant	☐

Generic Health Utility Index – EuroQol

For each of the five activities below please indicate which statements best describe your own health state today.

1. Mobility *(Please tick **one** box)*

-I have no problems in walking ◯

-I have some problems in walking ◯

-I am confined to bed ◯

2. Self Care *(Please tick **one** box)*

-I have no problems with self care ◯

-I have some problems washing or dressing ◯

-I am unable to wash or dress ◯

3. Usual Activities *(Please tick **one** box)*

-I have no problems performing my usual activities ◯
(e.g. work, study, housework, family/leisure activities)

-I have some problems performing my usual activities ◯

-I am unable to perform my usual activities ◯

4. Pain/Discomfort *(Please tick **one** box)*

-I have no pain or discomfort ◯

-I have moderate pain or discomfort ◯

-I have extreme pain or discomfort ◯

5. Anxiety/Depression *(Please tick **one** box)*

-I am not anxious or depressed ◯

-I am moderately anxious or depressed ◯

-I am extremely anxious or depressed ◯

6. Compared with my general level of health over the past 12 months, my health state today is:

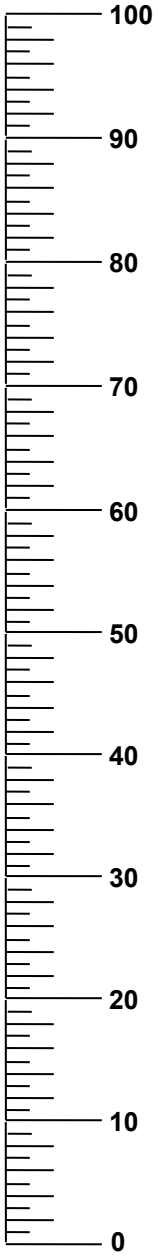
*(Please tick **one** box)*

Better ◯

Much the same ◯

Worse ◯

Best Imaginable Health State



Worst Imaginable Health State

We would like you to indicate on this scale how good or bad is your health today, in your opinion.

Please do this by drawing a line from the box below to whichever point on the scale indicates how **good or bad your current state is.**

How do you feel today?

Smoking

1. Do you CURRENTLY smoke more than one cigarette a day? Yes ☐ No ☐

2. If YES, how many cigarettes do you smoke each day? ☐☐☐ cigarettes/day

Drinking

Do you drink alcohol? Yes ☐ No ☐ → **If no, you have now completed the questionnaire. Please sign and date at the end of the page.**

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

Alcoholic Drink	Number of units
A pint of ordinary beer/lager (4%)	2.3
A pint of strong lager	3
A standard (175ml) glass of red or white wine	2
A large (250ml) glass of red or white wine	3
A small (25ml) glass of spirits	1
A 275ml bottled alcopop	1.5

1. Have you ever felt you should cut down on your drinking? Yes ☐ No ☐

2. Have people annoyed you by criticising your drinking? Yes ☐ No ☐

3. Have you ever felt bad or guilty about your drinking? Yes ☐ No ☐

4. Have you every had a drink first thing in the morning (as an "eye opener") to steady your nerves or get rid of a hangover? Yes ☐ No ☐

Thank you

Your signature:

Today's date: d d m m y y y y

Thank you for taking the time to fill in this questionnaire!
Please now return it to your dermatology practitioner.

If you have any questions please call 0161 306 1896.