

BADBIR

UNDER 16 PATIENT BASELINE QUESTIONNAIRE



Thank you for your participation in BADBIR. We would be grateful if you could complete the questions below with the help of your parent or guardian and hand them to your dermatology nurse / doctor.

Name: Date of Birth:

Where were you born?

Town: Country:

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

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

Severe

Mild

Clear

Moderate

Almost clear

Date: ____ / ____ / ____

For office use only

BADBIR ID: