

Please complete or attach patient sticker:

Name:

Follow-up Number ☐

Hosp. No.:

NHS/CHI:

DoB:



**BIR**  
Biologic Interventions Register

BADBIR ID:

## BAD Biologic Interventions Register Clinical Follow-Up Questionnaire

### BIOLOGIC COHORT ONLY:

#### Biologic Therapy

Since the patient's last follow up have their been any changes to their biologic therapy?

Yes

No

If yes, please record all changes for biologic

Drug	Batch Number	Dose / unit	Frequency	Date started ddmmyy	Date of final dose ddmmyy	*Stop reason

\*Stop reasons (may have than one reason) (1) Inefficacy (2) Remission (3) Adverse Events (4) Other (please provide detail)

If **infliximab** or **ustekinumab** please provide the administration dates

	d	d	m	m	y	y	mg/kg

**ADALIMUMAB ONLY:** Did the patient receive the 80mg loading dose?

Yes

No

**USTEKINUMAB / INFLIXIMAB ONLY:**

Were any scheduled doses missed?

If yes please record details:

*\*please record an adverse event if appropriate\**

### CONVENTIONAL COHORT ONLY:

#### Conventional Therapy

Since the patient's last follow up have there been any changes to their systemic therapy?

Yes

No

If yes, please record all changes for systemic agents:

Drug	Dose / unit	Frequency	Date started ddmmyy	Date of final dose ddmmyy	*Stop reason

\*Stop reasons (may have than one reason) (1) Inefficacy (2) Remission (3) Adverse Events (4) Other (please provide detail)

Since the patient's last follow up have they started biologic therapy?

Yes

No

***If yes please enter details of their biologic therapy in the Biologics Only box at the top of this page.***

## UV Therapy

Since the patients last follow-up have they had any UV therapy?

If yes please complete the following:

Yes

No


UV Therapy Details	Yes	No. of Courses	No. of Treatments	Cumulative Dose (J/cm <sup>2</sup> )	Data Known to be Accurate?
Broadband UVB					
Narrowband UVB					
<b>TOTAL BODY PUVA</b>					
Oral PUVA					
Topical PUVA					
<b>HAND AND FOOT PUVA</b>					
Oral PUVA					
Topical PUVA					
UVA 1					

## Concomitant Therapy

Since the patient's last follow up have they had any changes to their concomitant therapy?

Please list all changes below: *(please note we do not need details of topical therapy for psoriasis except for tacrolimus and pimecrolimus)*

Drug	Start date	Stop date	Are these dates estimated?

## Lab Values

Please complete the following laboratory values (recent i.e. within last 6 months):

LABORATORY VALUES	Result	Date
Haemoglobin count (g/dL)		
White cell count (x10 <sup>9</sup> /L)		
Platelet count (x10 <sup>9</sup> /L)		
Creatinine (μmol/L)		
Transaminase ALT (U/L)		
Cholesterol (mmol/L)		
Triglyceride (mmol/L)		
HDL (mmol/L)		

**FUP7 +:**  
Lab Values  
**not required**

Since date of last data entry 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.	Short description of event (please record diagnosis if available)	Description of event	Start date	Start Date Estimated?	Stop date	Stop Date Estimated?	Is the event ongoing?	Is the event related to biologic therapy? <i>Yes, No or Possibly</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?
								If 'Yes' Name of Biologic: _____		If 'Hospitalisation' Admission Date: _____ Discharge Date: _____		Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death <input type="checkbox"/>
								If 'Yes' Name of Biologic: _____		If 'Hospitalisation' Admission Date: _____ Discharge Date: _____		Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death <input type="checkbox"/>
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								If 'Yes' Name of Biologic: _____		If 'Hospitalisation' Admission Date: _____ Discharge Date: _____		Resolved <input type="checkbox"/> Resolved w/ Sequelae <input type="checkbox"/> Not Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Death <input type="checkbox"/>

If any of the 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)*
- *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 (i.e. at the time the patient started the new drug)

BSA



*Only if the patient has pustular psoriasis,*

Date of BSA ...../...../.....

Please details of all PASI's that have been completed since the patients last follow-up.

PASI	Date of PASI	Psoriasis Global Assessment

Psoriasis Global Assessment score:

- (1) Severe
- (2) Moderate to severe
- (3) Moderate
- (4) Mild
- (5) Almost clear
- (6) 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

## Patient Follow-up Questionnaire

The patient questionnaire should also be completed containing:

Occupation Qus

DLQI

EuroQol

Lifestyle Qus

CAGE

\*HAQ

*If paediatric patient:*

cDLQ

EQ-5D-y

\*cHAQ

**FUP7+ :**

Patient Questionnaire is not required

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

## Signature

Please sign and date below

Clinician's signature: \_\_\_\_\_

Date: \_\_\_\_\_