

## **Patient-reported disease severity and quality of life survey**

To take part in this study you must (1) provide the study consent, (2) be diagnosed with psoriasis, (3) be 18 years or older, and (4) be a citizen of an Arabic country.

### **Section 1**

#### **1. Age**

.....

#### **2. Age when first diagnosed with psoriasis**

.....

#### **3. Country of birth**

.....

#### **4. Gender**

Male

Female

#### **5. Education**

Less than secondary

Secondary

University

### **Section 2**

#### **I. Self-assessed Simplified Psoriasis Index (saSPI)**

**Permission to use the Arabic version of the saSPI was obtained from original developer (Prof. Robert J G Chalmers)**

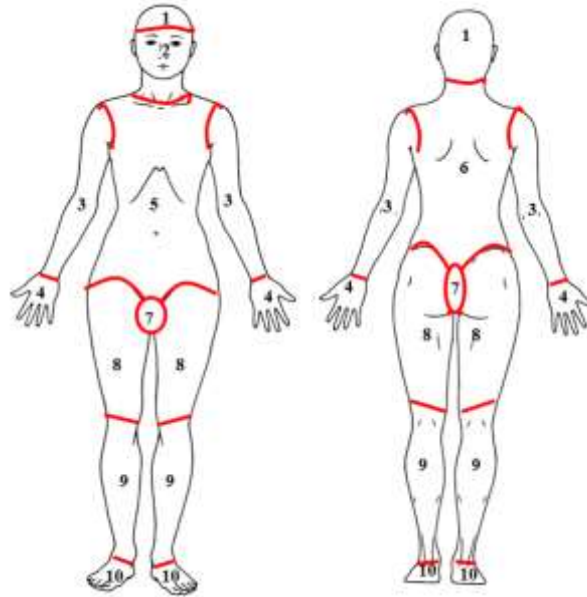
Reference: (Chularojanamontri L, Griffiths CEM, Chalmers RJG. The Simplified Psoriasis Index (SPI): a practical tool for assessing psoriasis. J Invest Dermatol. 2013;133(8):1956-1962.)

saSPI-severity (questions 6 and 7)

saSPI-psychosocial impact (question 8)

saSPI-past history & interventions (question 9)

6. For each of these 10 body areas please tick one choice that best describes your psoriasis today



0: Clear or so minor that does not bother me

1/2 : Obvious but still leaving plenty of unaffected skin

1: Widespread and involving much of the affected areas

		0	1/2	1
1	Scalp and hairline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Face, neck, and ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Arms and armpits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hands, fingers and fingernails*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Chest and abdomen (stomach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Back and shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Genital area and/or around anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Buttocks and thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Knees, lower legs and ankles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Feet, toes and toenails*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Even if the skin of the hand and foot is not affected you can score 1/2 for severe psoriasis in at least 2 and one for 6 fingernails or toenails.

**7. Which of these questions best describes the overall state of your psoriasis today? Your score should reflect the average of all your psoriasis not just the worst areas.**

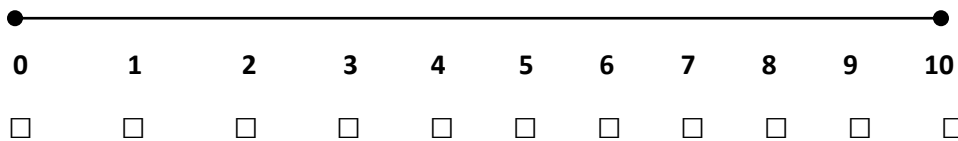
- Clear or just slight redness of staining
- Mild redness or scaling with no more than slight thickening
- Definite redness, scaling, or thickening
- Moderately severe with obvious redness, scaling, or thickening
- Very red and inflamed, very scaly, or very thick
- Intensely inflamed skin with or without pustules

**8. Please make a mark on the line below to show us how much your psoriasis is affecting you in your day to day life today.**

0: My psoriasis is not affecting me at all

5: My psoriasis is affecting me quite a lot

10: My psoriasis is affecting me very much



**9. Please tick every true statement of the following (leave blank if not true or never heard of)**

<b>About your psoriasis</b>	
Had psoriasis for > 10 years	<input type="checkbox"/>
Had psoriasis for > 20 years	<input type="checkbox"/>
Had had erythrodermic or generalized pustular psoriasis	<input type="checkbox"/>
Hospitalizes because of psoriasis	<input type="checkbox"/>
<b>About your psoriasis treatment</b>	
Had at least one course of UV treatment or PUVA	<input type="checkbox"/>
Had Methotrexate (now or in past)	<input type="checkbox"/>
Had acitretin (now or in past)	<input type="checkbox"/>
Had ciclosporin (now or in past)	<input type="checkbox"/>
Had Biologic therapy (now or in past)	<input type="checkbox"/>
Had another systemic agent (now or in past)	<input type="checkbox"/>

## II. Dermatology Life Quality index (DLQI)

Permission to use the Arabic versions of the DLQI was obtained from original developer (Prof. Dr Faraz Ali on behave of Prof. Andrew Finlay)

**Reference:** (Finlay AY, Khan GK. Dermatology Life Quality Index (DLQI)--a simple practical measure for routine clinical use. *Clin Exp Dermatol.* 1994;19(3):210-216.)

AY Finlay, GK Khan, April 1992 [www.dermatology.org.uk](http://www.dermatology.org.uk), this must not be copied without the permission of the authors.

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick  one box for each question.

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

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

**11. 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

**12. 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

**13. 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

**14. 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

**15. 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

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

Yes

No

Not relevant

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

- A lot
- A little
- Not at all

**17. 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

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

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

**19. 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