Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Psoriasis Self Evaluation plus Medication Survey

If affected with psoriasis:

1. Age at which symptoms appeared: _____

2. Age at which psoriasis was diagnosed by a physician: _____

3. Is the physician who diagnosed you a dermatologist:

    [ ] Yes

    [ ] No

Name of your current dermatologist:
_____

4. If affected with arthritis:

4a. Age at which symptoms appeared: _____

4b. Age at which arthritis was diagnosed by a physician: _____

4c. Have you been told by a <u>rheumatologist</u> that you have psoriatic arthritis?

    [ ] Yes

    [ ] No

5. Have you been diagnosed with Crohns disease or another inflammatory bowel disorder?

    [ ] Yes

    [ ] No

    [ ] Explanation:_____

(diagnosis if known, date of diagnosis, doctor who made the diagnosis)

6. Have you been diagnosed with any type of autoimmune disease (lupus, scleroderma, etc.)?

[ ] Yes

[ ] No

[ ] Explanation:_____
(diagnosis if known, date of diagnosis, doctor who made the diagnosis)

7. Do you have any blood relatives affected with psoriasis?

[ ] Yes

[ ] No

7a. If yes, relationship(s) _____

_____
____

8. Do you have any blood relatives with inflammatory bowel disease?

[ ] Yes

[ ] No

[ ] Explanation:_____
(for each type of relative, please give presumed diagnosis)

9. Do you have any blood relatives with any type of autoimmune disease?

[ ] Yes

[ ] No

[ ] Explanation:_____
(for each type of relative, please give presumed diagnosis)

STOP HERE IF YOU ARE PARTICIPATING AS A CONTROL AND DO NOT HAVE PSORIASIS.

10. How bad is your psoriasis today?

Please answer each of the following three questions by placing an X mark anywhere on the line to show how red, thick, and scaly an average spot of your psoriasis is.

10A. What color is an average spot of your psoriasis?

No redness	Slight pink	Pink	Red	Dark red

[img[psorasis_scale.png|Scale]]

10B. How thick is an average spot of your psoriasis?

No thickness	Feels firm	Raised	Thick	Very thick

[img[psorasis_scale.png|Scale]]

10C. How scaly is an average spot of your psoriasis?

No scale	Slight scale	Scaly	Flaky	Very flaky

[img[psorasis_scale.png|Scale]]

10D. Has a dermatologist told you that you have pustular psoriasis?

[ ] Yes

[ ] No

10E. Do you have nail psoriasis (pitting of nail surface, thickened or crumbly nails, excessive separation of the tips of the nails from the nail bed, or yellow-orange spotting of the nails)?

[ ] Yes

[ ] No

10e1.If yes, number of fingernails affected _____; number of toenails affected _____.

11. On the drawings below, mark areas of your body affected with psoriasis <u>NOW</u>. Please also write any explanation you wish to add below the drawings.

[img[Psorasis_Clinical_Evaluation_body_image.jpg|Body Image]]

12. On the drawings below, mark areas of your body affected with psoriasis <u>WHEN IT WAS THE WORST IT HAS EVER BEEN</u>. Again, feel free to write any explanation you wish to add below the drawings.

[img[Psorasis_Clinical_Evaluation_body_image.jpg|Body Image]]

Psoriasis Medication Usage and Effectiveness History

<u>Alcohol and tobacco usage</u>

13. How many of the following do you smoke per day?

    [ ] Cigarettes _____

    [ ] Cigars _____

    [ ] Pipes _____

14. How many alcoholic drinks do you have **per week** _____

(one drink = one beer = one glass of wine = one cocktail)

Please mark any of the following medications you are using or have used in the past as appropriate.

Topical medications (creams, lotions etc.)

15. Dovonex®

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

    0 [ ] not effective

    1 [ ]

    2 [ ]

    3 [ ]

    4 [ ]

    5 [ ] very effective

Comments:_____
_____

_____
_____

16. Anthralin

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

    0 [ ] not effective

    1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

17. Coal Tar

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

18. Other, please describe:

_____

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

19. <u>Other, please describe:</u>
_____

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

Systemic medications (oral medications)

20. <u>Methotrexate</u>

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____

_____

_____

_____

21. Soriatane®

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____

_____

_____

_____

22. Cyclosporine

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

23. Other, please describe:

_____

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

    0 [ ] not effective

    1 [ ]

    2 [ ]

    3 [ ]

    4 [ ]

    5 [ ] very effective

Comments:_____
_____

_____
_____

Biologicals (injected)

24. Enbrel®

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

    0 [ ] not effective

    1 [ ]

    2 [ ]

    3 [ ]

    4 [ ]

5 [ ] very effective

25. Humira™

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

26. Raptiva™

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

27. Amevive®

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

28. Remicade®

Usage duration: _____ years _____ months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

29. Other, please describe:
_____

Usage duration: _____ years _____ months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments on any/all
biologicals:_____

_____
_____

Phototherapy

30. PUVA

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

31. UVB

Usage duration: _____ years _____months

Effectiveness on 0–5 scale (0 = not effective, 5 = very effective), please circle one:

0 [ ] not effective

1 [ ]

2 [ ]

3 [ ]

4 [ ]

5 [ ] very effective

Comments:_____
_____

_____
_____

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