

ADVANCED ASSESSMENT:

PASI:

Extent score	Grade
0	None
1	1% to 9%
2	10% to 29%
3	30% to 49%
4	50% to 69%
5	70% to 89%
6	90% to 100%

Severity Score	Erythema	Scaling	Induration
0 - None	No redness	No scaling	No elevation
1 - Mild	Light red	Predominantly fine scaling covering part of the lesion	Slight, but definite elevation; typically edges indistinct or sloped
2 - Moderate	Red, but not dark red	Fine to rough scaling covering a large part of the lesion	Moderate elevation with rough or sloped edges
3 - Severe	Dark red	Rough, thick scaling covering a large part of the lesion	Marked elevation; typically with hard or sharp edges
4 - Very severe	Very dark red (changing to purple)	Very rough, very thick scaling totally covering the lesion	Very marked elevation; typically with hard, sharp edges

Extent		
Area	Extent score (0-6)	Total extent
Head & Neck	<input type="text"/> x 0.1	<input type="text"/>
Arms	<input type="text"/> x 0.2	<input type="text"/>
Trunk	<input type="text"/> x 0.3	<input type="text"/>
Legs	<input type="text"/> x 0.4	<input type="text"/>

Severity						
Area	Erythema (0-4)	Scaling (0-4)	Induration (0-4)	Total severity	Total severity x total extent	
Head & Neck	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>	<input type="text"/>	
Arms	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>	<input type="text"/>	
Trunk	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>	<input type="text"/>	
Legs	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>	<input type="text"/>	
PASI = severity x extent					<input type="text"/> /72	

7 Leeds enthesitis index (LEI) [0-6]:

Minimal Disease Activity (MDA) criteria:

MDA is achieved if 5 of the following criteria are met (see bracketed information below):	Patient Scores
1 Patient Global Activity VAS [0-100]: (Score ≤20)	<input type="text"/>
2 Patient pain VAS [0-100]: (Score ≤15)	<input type="text"/>
3 HAQ-DI [0-3]: (Score ≤0.5)	<input type="text"/>
4 Tender joint count [0-68]: (Score ≤1)	<input type="text"/>
5 Swollen joint count [0-66]: (Score ≤1)	<input type="text"/>
6 PASI [0-72] or BSA [0-100]: (Score ≤1 or ≤3%, respectively)	<input type="text"/>
7 Leeds enthesitis index (LEI) [0-6]: (Score ≤1)	<input type="text"/>
MDA achieved? Y/N:	<input type="text"/>

Additional assessment

Patients may present with dactylitis and extra-articular symptoms. Therefore these should also be considered for assessment at advanced level:

Dactylitis [0-20]:

Extra-articular manifestations: Have you checked (circle answer):

Spine: Y/N Nails: Y/N GI: Y/N Ocular: Y/N Co-morbidities: Y/N

Notes:

HOSPITAL STICKER HERE

Decision Matrix - Scoring Sheet

Patient number: _____ Date: _____



This amalgamated scoring sheet has been provided to help support use of the decision matrix on examination of the patient.

PATIENT TO COMPLETE THIS SECTION (pages 1 and 2):
(only complete page 2 if you have any current skin psoriasis)

Patient global activity VAS (Visual Analogue Scale):

In all the ways in which your PSORIASIS and ARTHRITIS, as a whole, affects you, how would you rate the way you felt over the past week?

1 0 100
Excellent Poor

Patient pain VAS:

How severe was the pain you have experienced in the last 24 hours? Please mark your answer with a line on the scale below:

2 0 100
No pain Worst imaginable

Health Assessment Questionnaire - disability Index (HAQ-DI):

Please place an "x" in the box which best describes your abilities OVER THE PAST WEEK:

	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO		WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
DRESSING & GROOMING					HYGIENE				
Are you able to:					Are you able to:				
Dress yourself, including shoelaces and buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash and dry your body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take a tub bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARISING					Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to:					REACH				
Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to:				
Get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach and get down a 5 pound object (such as a bag of sugar) from above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EATING					Bend down to pick up clothing from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to:					GRIP				
Cut your own meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to:				
Lift a full cup or glass to your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open a new milk carton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open previously opened jars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING					Turn faucets on and off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to:					ACTIVITIES				
Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you able to:				
Climb up five steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please check any AIDS OR DEVICES that you usually use for any of the above activities:					Get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Devices used for Dressing (button hook, zipper pull, etc.)	<input type="checkbox"/> Built up or special utensils	<input type="checkbox"/> Crutches			Do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special or built up chair	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair			Please check any AIDS OR DEVICES that you usually use for any of the above activities:				
	<input type="checkbox"/> Walker				<input type="checkbox"/> Raised toilet seat	<input type="checkbox"/> Bathtub bar	<input type="checkbox"/> Long-handled appliances for reach		
Please check any categories for which you usually need HELP FROM ANOTHER PERSON:					<input type="checkbox"/> Bathtub seat	<input type="checkbox"/> Long-handled appliances in bathroom	<input type="checkbox"/> Jar opener (for jars previously opened)		
<input type="checkbox"/> Dressing and grooming	<input type="checkbox"/> Arising	<input type="checkbox"/> Eating	<input type="checkbox"/> Walking		Please check any categories for which you usually need HELP FROM ANOTHER PERSON:				
					<input type="checkbox"/> Hygiene	<input type="checkbox"/> Reach	<input type="checkbox"/> Gripping and opening things	<input type="checkbox"/> Errands and chores	

For healthcare professional completion only:

HAQ-DI

3

Score

For instructions on how to complete the HAQ-DI please visit: https://www.niehs.nih.gov/research/resources/assets/docs/haq_instructions_508.pdf

Your ACTIVITIES: To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?:

COMPLETELY MOSTLY MODERATELY A LITTLE NOT AT ALL

Dermatology Life Quality Index (DLQI)

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.

- | | | | |
|----|--|--|---------------------------------------|
| 1 | Over the last week, how itchy, sore, painful or stinging has your skin been? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | |
| 2 | Over the last week, how embarrassed or self conscious have you been about your skin? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | |
| 3 | Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 4 | Over the last week, how much has your skin influenced the clothes you wear? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 5 | Over the last week, how much has your skin affected any social or leisure activities? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 6 | Over the last week, how much has your skin made it difficult for you to do any sport ? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 7 | Over the last week, has your skin prevented you from working or studying ? | Yes <input type="checkbox"/>
No <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| | If 'No', over the last week how much has your skin been a problem at work or studying ? | A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | |
| 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 <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 9 | Over the last week, how much has your skin caused any sexual difficulties ? | Very much <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |
| 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 <input type="checkbox"/>
A lot <input type="checkbox"/>
A little <input type="checkbox"/>
Not at all <input type="checkbox"/> | Not relevant <input type="checkbox"/> |

Please check you have answered EVERY question.

Thank you.

On completion please give this score sheet back to your healthcare professional.

For healthcare professional completion only: DLQI

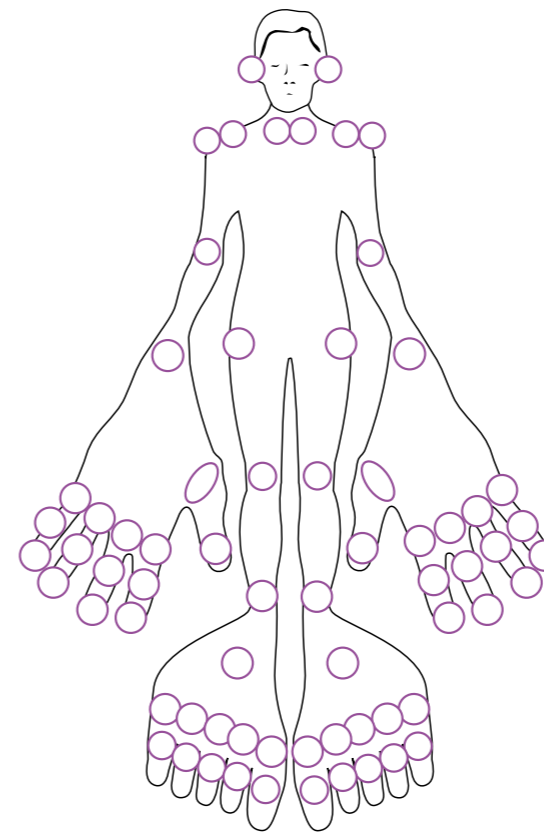
Score

For instructions on how to score the DLQI please visit:
<http://sites.cardiff.ac.uk/dermatology/quality-of-life/dermatology-quality-of-life-index-dlqi/dlqi-instructions-for-use-and-scoring/>

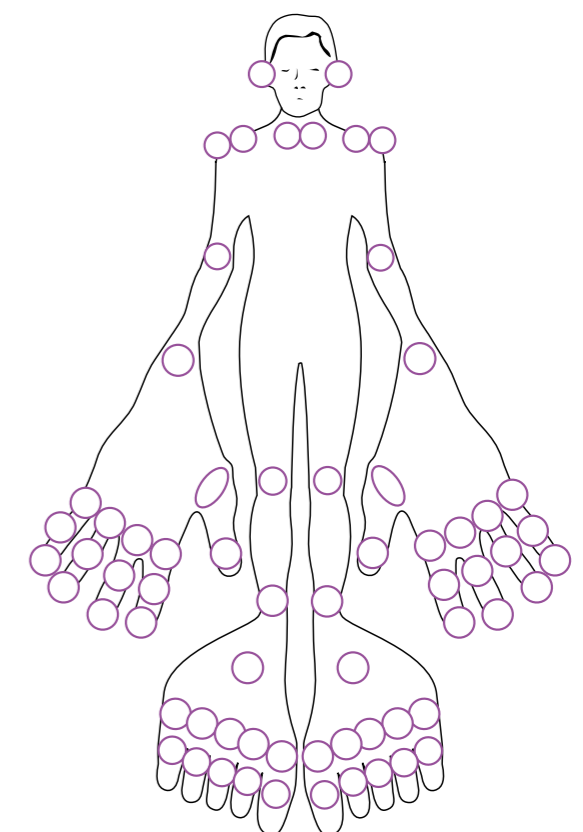
Healthcare professional to complete this section

(pages 3 and 4)

Joint count - Tender and Swollen measurements:



4 Tender Joints: Number ___ /68



5 Swollen Joints: Number ___ /66

Don't forget to check Leeds Enthesitis Index (LEI) examination points:
Lateral epicondyle, left and right; Medial femoral condyle, left and right; Achilles tendon insertion, left and right

Patient and physician global assessment

If using PsARC (only before and after initiation of biologics) also complete:

Recommended questions for the patient and physician using a 0-5-point Likert scale.

Patient (PtGA)

“Considering all the ways your arthritis affects you, how are you feeling today?”



Very good, no symptoms, no limitations on normal activities

Very poor, very severe symptoms which are intolerable, inability to carry out normal activities

Physician (PGA)

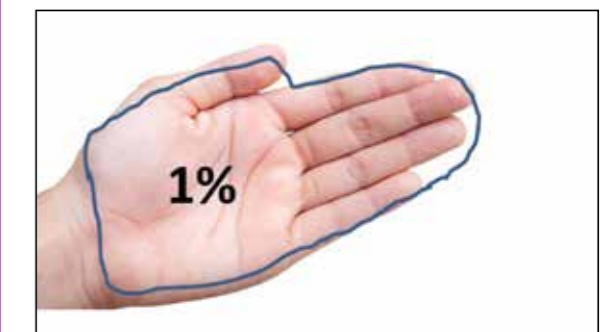
“Considering all the ways the arthritis affects your patient, how is your patient feeling today?”



Very good, no symptoms, no limitations on normal activities

Very poor, very severe symptoms which are intolerable, inability to carry out normal activities

Skin assessment: Body Surface Area:



Body Surface Area using the patient's hand:

Total %:

6