HUNT 3
Questionnaire 3
Psoriasis

Dear HUNT participant,

Thank you for participating in the first part of this health study. You have received this questionnaire because you answered Yes to the question about having or having had psoriasis. We hope that you will also answer this questionnaire. Please put an X in the box of your answer for each question using a blue or black ball point pen or marker.

CORRECT ☐ *INCORRECT* ☐

Return the questionnaire in the enclosed, stamped envelope.

Thank you for your participation in HUNT 3.

Date of completion ____/____200___

	Yes	No
1. Have you been diagnosed with psoriasis by a dermatologist?	☐	☐
2. Do you have a psoriasis rash at the moment?	☐	☐
3. Have you been admitted to hospital in the dermatology dept. for treatment of psoriasis?	☐	☐

4. Have you ever had psoriasis on the following places? *(One or more Xs)*	Yes	No
Torso (not head, legs or arms)	☐	☐
Arms	☐	☐
Legs	☐	☐
Face	☐	☐
Scalp	☐	☐
Palm of hand(s)	☐	☐
Sole of feet	☐	☐
Groin/armpits	☐	☐
Genitals	☐	☐
Skin folds (not including groin/armpits)	☐	☐

5. Below is a list of some factors that can possibly trigger or worsen psoriasis. Place an X to indicate the things that were a factor in your first outbreak, your last outbreak and those that worsen psoriasis in general. *(One or more Xs)*

	First outbreak	Last outbreak	General worsening
Throat infection	☐	☐	☐
Other infection	☐	☐	☐
Stress/mental strain	☐	☐	☐
Sunburn	☐	☐	☐
Alcohol use	☐	☐	☐
Tobacco smoking	☐	☐	☐
Pregnancy	☐	☐	☐
Taking medicine	☐	☐	☐
Other	☐	☐	☐
Nothing in particular	☐	☐	☐

6. Have your nails changed because of psoriasis?

No ☐

Yes, only pitting in my nails ☐

Yes, thickening or loosening of my nails ☐

7. Do you have psoriasis arthritis?

Yes ☐ No ☐ Don't know ☐

8. Which description best described/describes your psoriasis at <u>first outbreak</u>, the <u>last 12 months</u> and <u>the last 14 days</u>? *(Only one X per column)*

	First outbreak	Last 12mos	Last 14days
A. Acute (sudden) outbreak of tiny spots over the entire body	☐	☐	☐
B. Patches on the elbows/knees/scalp that appear sometimes	☐	☐	☐
C. Patches on the elbows/knees/scalp that are almost always there	☐	☐	☐
D. As in C, but also some patches on upper part of the body	☐	☐	☐
E. Rashes on larger areas on body/arms/legs/face that appear sometimes	☐	☐	☐
F. Rashes on larger areas on body/arms/legs/face that are always there	☐	☐	☐

9. How many treatment periods have you used the following treatment types in the <u>last 12 months</u>?

(Treatment period = regular use of the treatment for 4-6 weeks)

	Number of treatment periods				
	0	1	2-3	4 or more	Always/ almost always
Moisturizing cream	☐	☐	☐	☐	☐
Cortisone cream/ointments	☐	☐	☐	☐	☐
Other creams/ointments	☐	☐	☐	☐	☐
Light therapy	☐	☐	☐	☐	☐
Warm weather retreat	☐	☐	☐	☐	☐

Tablets	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

10. Have you ever taken tablets or injections for psoriasis?

Yes ☐ No ☐

If Yes:
Put an X in the box of the medicine you have taken. Also X the box to indicate if you have taken it in the last 12 months and also if in the last 14 days?

	Some-times	Last 12 mos	Last 14 days
Methotrexate	☐	☐	☐
Neotigasone	☐	☐	☐
Sandimmune	☐	☐	☐
PUVA treatment	☐	☐	☐
Embrel	☐	☐	☐
Remicade	☐	☐	☐
Raptiva	☐	☐	☐
Humira	☐	☐	☐
Other	☐	☐	☐

11. The next questions are about the extent in which this skin problem has affected your life IN THE LAST WEEK.
(One X for each question)

In regards to your skin, how much <u>itching, soreness, pain or stinging</u> have you experienced in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐

How much have you felt <u>ashamed</u> or <u>self-conscious</u> because of your skin in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐

How much has your skin hindered you from <u>going to the shops</u> or <u>doing house/garden work</u> in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant ☐

How much has your skin affected which <u>clothing you chose</u> in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant ☐

How much has your skin affected your <u>social life</u> or your <u>recreational activities</u> in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant

How much has your skin made it difficult to participate in <u>sports activities</u> in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant ☐

Has your skin prevented you from <u>working</u> or <u>studying</u> in the last week?

Yes ☐ No ☐
Not relevant ☐

If No,
How much has your skin made problems when you were at <u>work</u> or while <u>studying</u> in the last week?

Much ☐ A little ☐ Not at all ☐

How much has your skin made problems in relationship to your partner or some of your <u>closest friends</u> or relatives in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant ☐

How much has your skin lead to <u>sexual problems</u> for you in the last week?

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant ☐

How much has the treatment of your skin been a problem for you?
(for example by making a mess in your home or that it has taken much of your time)

Very much ☐ A little ☐
Much ☐ Not at all ☐
Not relevant ☐