

How to Use the Patient's Self-Reported Checklist

The self-report symptom checklist for psoriasis patients was prepared with the following rationale:

Busy healthcare professionals can quickly assess the patients' condition **even with short consultation time**, allowing **effective/efficient care**. Patients can become more responsible in managing their disease. They can **correctly inform healthcare professionals about their symptoms and status**, which leads to **appropriate and satisfying treatment by dermatologists and ultimately helping patients to lead a healthy life**.

- ① **On regular days**, use 『Self-Report Symptom Checklist for Psoriasis Patients (Daily)』 to record your symptoms **everyday**.

- ② **On regular days or the day before the appointment**, check what applies to you in the **treatment goals / treatment methods** under 『Topics of Discussion with your Dermatologist』

- ③ **On your appointment day**, fill out 『Dr-Pt. Communication Checklist for Psoriasis Patients (Appointment Day)』 using contents of ① and ②.

- ④ **Review Checklist (Appointment Day) with your dermatologist during your consultation.**

You may also bring 『Self-Report Symptom Checklist for Psoriasis Patient (Daily)』 and 『Topics to Discuss with your Dermatologist』 and refer to it during the consultation.

Self-Report Symptom Checklist for Psoriasis Patients (Daily)

Please rate your answers. 5: strongly agree / 3: moderate / 1: strongly disagree

Checklist	Mon (/)	Tue (/)	Wed (/)	Thur (/)	Fri (/)	Sat (/)	Sun (/)
I am using the medication according to the doctor's prescription. (topical, oral, injection)							
My psoriasis symptoms have improved.							
My psoriasis symptoms have worsened.							
→ My skin is itchy or it stings.							
→ The area of psoriatic skin has increased.							
→ Skin flare-up has worsened.							
→ My skin displays more dead cells and bleeding.							
→ Pain on my joints has worsened. (There is more stiffness in the morning)							
Please write down (the potential reasons for worsening of the symptoms) what you suspect caused the symptoms to worsen.							
I experienced side effect(s) of the current medication.							
Please describe the side effects.							
I have experienced a disruption in daily life due to psoriasis.							
Please describe the disruption.							

Topics to Discuss with your Dermatologist

Treatment Goal	Physical/ Psychological	Treatment Method
	Social Activities/ Personal Relationships	

※ Examples are provided below. Each patient may have different goals.

[Treatment Goal] I

. Please help me achieve my goal.

● Treatment goals regarding physical symptoms

- ✓ I want my skin to become clear.
- ✓ I want my clear skin to last a long time.
- ✓ I want to reduce the size and number of psoriatic areas.
- ✓ I want the stinging, itchiness, and pain to disappear.
- ✓ I want psoriasis in my finger/toenails to disappear.
- ✓ I want to be free from dead skin cells that fall like dandruff.
- ✓ I have pain in my joints. (Or my pain has worsened).
- ✓ I want to know what I can do in my daily routine to improve my symptoms.

● Treatment goals regarding psychological symptoms

- ✓ I want to rediscover my self-confidence and self-esteem.
- ✓ I need help with feelings of depression.
- ✓ I want to be free from feelings of unhappiness, loneliness, and misery caused by psoriasis.

need help with suicidal impulses caused by psoriasis.

Topics to Discuss with your Dermatologist

※ Examples are provided below. Each patient may have different goals.



[Treatment Goal] I

. Please help me achieve my goal.

● Treatment goals regarding social activities · personal relationships · daily life

- ✓ I want to work with confidence and without disruption at my workplace / school.
- ✓ I want to treat psoriasis and go to a (job) interview with confidence.
- ✓ I cannot be absent from school / work often because of psoriasis symptoms or treatment.
- ✓ I cannot complete simple household chores because of my symptoms.
- ✓ I want to participate in sports and activities that I couldn't do because of psoriasis pain and dermatological symptoms.
- ✓ I don't want psoriasis to affect my relationships with family and friends.
- ✓ I want to wear T-shirts and shorts in the summer, without having to hide my psoriasis.
- ✓ I want to go to a sauna or a pool without being self-conscious.

Topics to Discuss with your Dermatologist

※ Examples are provided below. Each patient may have different goals.



[Regarding treatment]

- Is there a new treatment method that is suitable for me?
- Is the new treatment different from my previous treatment?
- (When the treatment is not working) My symptoms are not improving with this medication. Is there another treatment?
- My skin is flaring up / peeling off and falling like dandruff. What can be done?
- I have itchiness / pain / stinging. What can be done?
- There is bleeding from the psoriatic area. What kind of treatment do I need?
- I am having difficulties with psoriasis in my finger/toenails. What can I do?
- My scalp is peeling off and I have dandruff flakes. What kind of treatment options are available?
- Joint pain has worsened (or developed). What kind of treatment options are available?
- (About the prescribed medication) What kind of side effects are there?
- (About the prescribed medication) How can I take / apply / inject the medication (method, dosage, interval, duration)
- (About the prescribed medication) How long will it take for the medication to be effective?
- (About the prescribed medication) How long will the effect of the medication last?

Patient-Doctor Comm. Checklist for Psoriasis Patients (Appointment Day)

Fill out the form before your appointment and use it during consultation with your dermatologist

Date	YR MM DD			Current Treatment Select all that applies	Oral <input type="checkbox"/>	Topical <input type="checkbox"/>	Immuno-regulatory <input type="checkbox"/>	Light therapy <input type="checkbox"/>	Biological <input type="checkbox"/>
Sex	M F	Age		Start Date	YR MM	YR MM	YR MM	YR MM	YR MM
Write / Select Medication Name ▪ In alphabetical order							Immuthera, Imuran, Tacrobell, ()	PUVA UVB	Skyrizi, Stelara, Cosentyx, Taltz, Tremfya, Humira

Changes in symptoms since the last appointment

<input type="checkbox"/>	Symptoms have improved and my skin has cleared.	<input type="checkbox"/>	Symptoms have worsened.
<input type="checkbox"/>	Symptoms have alternated between improving and worsening . - Worsening: Number of times (times), Duration (days)		
<input type="checkbox"/>	Other topics for discussion?(treatment goals/method, questions, wants)		

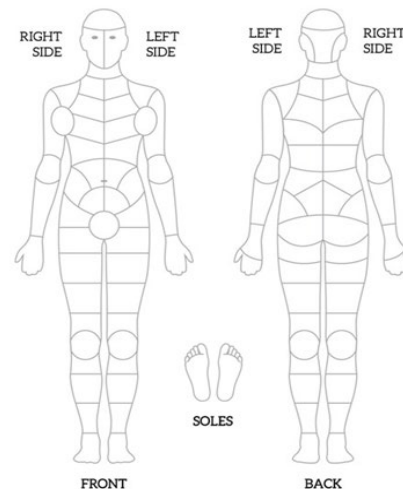
Changes in joint symptoms since the last appointment

<input type="checkbox"/>	Pain	<input type="checkbox"/>	Swelling
<input type="checkbox"/>	Stiffness for over an hour after waking up		

Areas that are currently psoriatic

- Scalp
- Face
- Hands and Feet
- Nail
- Knee
- Elbow
- Genital
- Armpit
- Etc.

Location and area of the psoriatic area



Impact of psoriasis on your life

