

Clinician Update

EXAM TOOL

PLAQUE PSORIASIS ASSESSMENT

Moderate-to-severe plaque psoriasis not only causes debilitating skin symptoms, it also impacts every area of a patient’s life, from their ability to work to the quality of their personal relationships. To assess how well a patient’s treatment plan is working, consider the following criteria to gauge symptom severity and patient satisfaction.

ASSESS DISEASE ACTIVITY:

1. How much of body surface area (BSA) is affected (palm of hand=1% BSA)?

	CLEAR OR MINIMAL	SOME CLEAR SKIN	WIDESPREAD
Scalp/hairline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face/neck/ears.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands/fingers/fingernails.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest/abdomen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back/shoulders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttocks/thighs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knees/lower legs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feet/toes/toenails.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Rate the severity of lesions:

	SLIGHT/MILD	MODERATE	SEVERE OR MARKED	VERY SEVERE OR VERY MARKED
Erythema.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Induration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASK THE PATIENT:

1. Since your last visit, how often have you experienced the following:

	RARELY	SOMETIMES	OFTEN	ALWAYS
Flaky patches.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracked or bleeding skin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scalp flaking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/anxiety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Are you satisfied with:

	YES	NO	SOMEWHAT
How your skin looks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your social life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sex life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to travel/pursue hobbies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>