

Psoriasis - Questions list

Question 1: Do you have psoriasis?

- Yes
- No
- I am not sure

Gender specific: None

Routing rule: (Yes->2 No->13 I am not sure->13)

Question 2: At what age did the symptoms appear?

Age:

Gender specific: None

Routing rule: None

Question 3: Have you been diagnosed with psoriasis by a physician?

- Yes
- No

Gender specific: None

Routing rule: (Yes->4 No->5)

Question 4: Was this physician a dermatologist?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 5: How long have you been suffering from psoriasis?

Years:

Gender specific: None
Routing rule: None

Question 6: Have you been told by a rheumatologist that you have psoriatic arthritis?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: (Yes->7 No->8 I do not know->8)

Question 7: At what age was the psoriatic arthritis diagnosed?

Age:

Gender specific: None
Routing rule: None

Question 8: Have you been diagnosed with any of the following?

- Lupus
- Scleroderma
- Crohn's disease
- Ulcerative colitis
- Type 1 diabetes
- Systemic sclerosis
- Rheumatoid arthritis
- Multiple sclerosis
- Celiac disease
- Primary biliary cirrhosis

- Ankylosing spondylitis
- None of the above
- I do not know
- Other

Gender specific: None

Routing rule: (Other@->9 SKIPTO->10)

Question 9: You said your autoimmune disease wasn't listed; please tell us your autoimmune disease:

Please specify:

Gender specific: None

Routing rule: None

Question 10: Has your psoriasis been treated with one or more of the following?

- Topical steroid
- Ultraviolet light
- Methotrexate
- Acitretin
- Biologics (injections)
- None of the above

Gender specific: None

Routing rule: None

Question 11: Has a dermatologist told you that you have pustular psoriasis?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: None

Question 12: Do you have fingernail 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
- I do not know

Gender specific: None
Routing rule: None

Question 13: Do you have any family members (blood relatives) affected with psoriasis?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: (Yes->14 No->16 I do not know->16)

Question 14: Please select all family members who have psoriasis:

- Parent(s)
- Sibling(s)
- Child/children
- Other

Gender specific: None
Routing rule: (Other@->15 SKIPTO->16)

Question 15: You said your family member wasn't listed; please tell us your affected family member (only blood relatives):

Please specify:

Gender specific: None
Routing rule: None

Question 16: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.
- It was interesting.
- It could use some work.

Gender specific: None
Routing rule: (END)