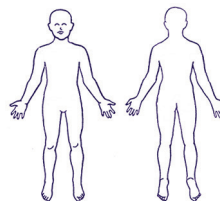


SUPPLEMENTARY MATERIAL


Question number	Psoriasis clear skin study master screener
INTRO	<p>Introduction Text</p> <p>GfK welcomes you to our international market research study. Thank you very much for taking the time to participate in this study on psoriasis. We are conducting this research on behalf of a pharmaceutical company. We are interested in finding out more about what psoriasis means to you and what your experience has been like living with this condition. Your opinions and perceptions are valuable to us and will hopefully help you and other psoriasis sufferers in the future.</p> <p>This survey will take approximately 20 minutes to complete. Please be assured that the results of this study will be used for market research purposes only and all responses will be kept in strictest confidence. You will remain anonymous, your name and contact details will not be associated with the responses you give during this interview. Are you happy to participate with the survey on this basis?</p>
1	Yes
2	No TERMINATE
AE	<p>Adverse Event Text</p> <p>We are asked to pass on to our client, details of adverse events that are mentioned during market research, as the pharmaceutical company commissioning this research has a legal obligation to report this as part of their ongoing benefit-risk management. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event in a specific patient or group of patients, we will need to report this, even if it has already been reported by you directly to the company or the regulatory authorities.</p> <p>Are you happy to participate in this survey on this basis?</p>
1	Yes
2	No TERMINATE
	<p>For all the questions in this study, unless specifically mentioned to do so otherwise, please think about your psoriasis condition and how you felt about psoriasis BEFORE any signs of a successful treatment.</p>
S1	<p>Have you participated in an online survey about psoriasis and clear skin in the last 4 weeks?</p>
1	Yes TERMINATE
2	No
S2	<p>Country where the respondent is based: AUTOFILL</p>
1	France
2	Germany
3	Italy
4	Argentina
5	UK
6	Turkey
7	USA
8	Canada
9	Australia
10	Brazil
11	Japan
12	Belgium
13	Netherlands
14	Portugal
15	Ireland
16	Switzerland
17	Austria
18	Sweden
19	Norway
20	Finland
21	Denmark
22	Czech Republic
23	Russia
24	South Korea
25	Hungary
26	Israel

Question number	Psoriasis clear skin study master screener
27	India (TBC)
28	Mexico
29	Romania
30	Bulgaria
31	Taiwan
S3	Please enter your age IF <18 TERMINATE _____years
S4	Please indicate your gender
1	Female
2	Male
S5	Please specify your family status
1	Single
2	Married
3	In a relationship
4	Other
S6	Please enter the number of persons living in your household INCLUDING yourself. MIN 1, MAX 20 _____person(s) live in my household
S7	Please specify your main occupation status
1	Employed
2	Unemployed
3	Self-employed
4	Retired
5	Student
6	Homemaker
7	Other
S8	Do you currently live with plaque psoriasis? Please consider the definition below when answering this question.
1	Yes
2	No TERMINATE Plaque psoriasis is the most common form of psoriasis and appears as raised, red patches covered with a silvery white build-up of dead skin cells or scale. These patches or plaques most often appear on the scalp, knees, elbows and lower back. They are often itchy and painful, and they can crack and bleed - National Psoriasis Foundation
	
S9	Do you also currently live with psoriatic arthritis? Please consider the definition below when answering this question.
1	Yes
2	No Psoriatic arthritis is a condition that causes inflammation in your joints and skin.
S10	Do you currently experience joint pain?
1	Yes
2	No
INTRO	For the next series of questions, please think about your psoriasis condition when answering the questions. Please do not think about psoriatic arthritis.
S11	How long have you had symptoms of psoriasis? I have been suffering from/living with from psoriasis for less than a year I have been suffering from/living with psoriasis for _____ years
S12	Who diagnosed you with psoriasis? GP Dermatologist

Question number	Psoriasis clear skin study master screener
S12a	Other medical professional Have not received a medical diagnosis TERMINATE [ADD COUNTRY SPECIFIC OPTIONS] How many medical visits did you attend before getting diagnosed? _____ [OPEN TEXT]
S13	Are you currently treating your psoriasis under the supervision of a health care professional? 1 Yes, with my GP 2 Yes, with my dermatologist 3 Yes, with another medical professional 4 No [ADD COUNTRY SPECIFIC OPTIONS]
S14	In the past six months, have you visited a doctor or a health care professional about your psoriasis? 1 I have not visited a doctor or health care professional about my psoriasis in the last 6 months 2 I have visited a doctor or health care professional once about my psoriasis in the past 6 months 3 I have visited a doctor or health care professional twice about my psoriasis in the past 6 months 4 I have visited a doctor or health care professional three to six times about my psoriasis in the past 6 months 5 I have visited a doctor or health care professional more than 6 times about my psoriasis in the past 6 months
S15	Please select the statement below that in your opinion best describes the severity of your psoriasis currently 1 Very mild TERMINATE 2 Mild TERMINATE 3 Mild - Moderate TERMINATE 4 Moderate 5 Moderate - Severe 6 Severe 7 Very severe
S16	Based on the amount of psoriasis that could be covered by the palm of your hand including your fingers, would you say that you have... 1 No skin patches (less than 1 palm) TERMINATE 2 1-3 palms TERMINATE 3 4-10 palms 4 11-20 palms 5 +21 palms
S17	Please indicate on the picture below all the areas affected by psoriasis on your body. 1 Scalp 2 Face 3 Neck 4 Back 5 Chest 6 Stomach 7 Arms 8 Elbow 9 Inside hands (palms) 10 Outside hands 11 Fingers 12 Genitals 13 Legs 14 Knees 15 Soles of feet 16 Top of feet 17 Nails
S18	Please select all the treatment options that you have used in the past to treat your psoriasis. 1 Topical treatment without a prescription for example: Creams or ointments, Coal Tar



Question number	Psoriasis clear skin study master screener
2	Topical treatment with prescription for example: Corticosteroid cream, Coal Tar
3	Phototherapy/UV light therapy
4	Prescription treatment in the form of a pill for example: Ciclosporin, Methotrexate, Otezla
5	Prescription treatment that is injected for example: Humira, Enbrel and Remicade, Stelara, Cosentyx
6	None of the above TERMINATE
S19	Please select all the treatment options that you are currently using to treat your psoriasis.
1	Topical treatment without prescription for example: Creams or ointments, Coal Tar
2	Topical treatment with prescription for example: Corticosteroid cream, Coal Tar
3	Phototherapy/UV light therapy
4	Prescription treatment in the form of a pill for example: Ciclosporin, Methotrexate, Otezla
5	Prescription treatment that is injected for example: Humira, Enbrel and Remicade, Stelara, Cosentyx
6	Other. Please specify _____ [OPEN TEXT]
S20	IF S18 OR S19=OPTION 5 Please select the prescription treatment that you have used in the past or are currently using to treat your psoriasis?
1	Humira
2	Enbrel
3	Remicade
4	Stelara
5	Cosentyx
S21	Do you know what a PASI score is? Yes Screener, what is a PASI score No
S22	Please specify your current PASI score. Score _____ [OPEN TEXT] Don't know
S23	Do you currently have one of the following chronic conditions listed below? Please select all that apply.
1	Diabetes
2	Obesity/Overweight
3	Asthma
4	Cardiovascular disease (e.g., cardiac/heart failure, arrhythmia, cardiomyopathy, coronary artery disease)
5	High blood pressure (Hypertension)
6	Rheumatoid Arthritis/chronic joint inflammation
7	Chronic bronchitis/COPD
8	Chronic migraine
9	Chronic gastrointestinal diseases (e.g., irritable bowel syndrome, indigestion, ulcerative colitis, Crohn's disease, heartburn, gastritis)
10	Chronic back pain
11	Osteoporosis
12	Allergies (e.g., hay fever, food allergy)
13	Inactive thyroid gland (hypothyroidism)
14	High cholesterol
15	Chronic fatigue syndrome
16	Multiple Sclerosis
17	Epilepsy
18	Haemophilia (genetic blood disorder in which the blood does not clot properly)
19	Glaucoma
20	Chronic renal failure
21	Cystitis (chronic bladder infection)

Question number	Psoriasis clear skin study master screener
22	Parkinson's disease
23	HIV/Aids
24	Ankylosing Spondylitis
25	Psoriatic Arthritis
26	Other skin conditions
27	Depression
28	Psychiatric condition (other than depression)
29	None of the above
30	Other
S24	Are you a regular smoker?
1	Yes
2	No
S25	IF S22=1 How many cigarettes do you smoke in an average week? _____ [OPEN TEXT]
S26	How often do you have a drink containing alcohol?
1	Never
2	Once a month or less
3	Once a week or less
4	2 or 3 times a week
5	4 or more times a week
S27	IF S24=3,4,5 For the next question, please consider the units of alcohol below. Thinking about your alcohol consumption in an average week, how many units do you consume? _____ [OPEN TEXT]
	 <p> 2 1.5 2 1 9 </p> <p> Pint of Regular Beer/Lager/Cider Alcopop or Can of Lager Glass of Wine (175ml) Single Measure of Spirits Bottle of Wine </p>
S28	How many times a week do you exercise? _____
S29	Please select the statement that best describes your physical activity level. I am extremely active I am very active I am moderately active I am slightly active I am not active at all

Psoriasis Clear Skin Study Master Guide (Quant)

For all the questions in this study, unless specifically mentioned to do so otherwise, please think about your psoriasis condition and how you felt about psoriasis BEFORE any signs of a successful treatment which results in clear to almost clear skin.

INTERNAL NOTE:

Questions marked in **green** will be shown to patients who have achieved clear skin

Questions marked in **pink** will be shown to patients who have not achieved clear skin

Questions in **yellow** will be shown to everyone

Classification question	Are you achieving clear to almost clear skin with your current treatment that your doctor has provided you with?
1	Yes
2	No
Section 1	Information seeking behaviour
Q1	How much time do you actively spend a month learning, reading or writing about psoriasis online? _____ hours [OPEN TEXT]
Q2	From which specific online platforms do you seek information about psoriasis? Online newspapers Online health magazines Online medical websites Facebook groups Twitter Pinterest Instagram YouTube Blogs Patient organization websites Patient support groups Other. Please specify: _____ [OPEN TEXT] I do not research my condition online
Section 2	Work
Q3	How many days in the last six months have you had off work because of your psoriasis? _____ day(s) [OPEN TEXT] None
Q4	How has psoriasis impacted on your professional life? Tick all that apply. [ROTATE ORDER OF OPTIONS RANDOMLY] I have missed out on a job promotion Colleagues in the office make fun of me Colleagues and/or customers stare and ask what's wrong with me My company is not supportive I am excluded from client meetings I have had to limit my career choices I am given tasks which limit my interactions with others My employers and colleagues are unsympathetic I worry I will lose my job It stops me from being able to concentrate I leave flakes of skin everywhere I am not fully productive at work I am not fully productive due to itching I am not fully productive due to pain The pain and itching of psoriasis affects my concentration at work I have had to quit my job I have had to take a lower paying job I have been more reluctant to ask for a raise or compete for a promotion because of my psoriasis Psoriasis has not impacted on my work I did not get the preferred job that I wanted I have not been able to get a job/I am unemployed Not applicable
Section 3	Psychological impact
Q5	How does living with psoriasis make you feel? Tick all that apply [ROTATE ORDER OF OPTIONS RANDOMLY - KEEP "OTHER" AS LAST OPTION ALWAYS]

Psoriasis Clear Skin Study Master Guide (Quant)

- It makes me feel depressed
- It makes me feel unattractive
- It makes me feel helpless
- It makes me feel like I am abnormal
- It makes me feel less confident about myself
- It makes me feel like I have low self esteem
- I feel ashamed of my skin
- I feel self-conscious of my skin
- I feel ashamed of my body
- I have become obsessive about my skin
- I feel that psoriasis has taken over my life
- Some days my psoriasis is so bad, I hate my life
- It has no impact on how I feel about myself
- It makes me feel empowered
- I am able to deal with my psoriasis
- Other. Please specify: [OPEN TEXT]
- None of the above

Q6

I feel self-conscious or ashamed of my skin when I do any of the following. Tick all that apply
[ROTATE ORDER OF OPTIONS RANDOMLY - KEEP "OTHER" AS LAST OPTION ALWAYS]

- Lying on a beach
- Swimming
- Wearing summer clothes that expose my skin
- Going to the hairdressers
- Shaking someone's hand
- Touching someone else
- Meeting someone for the first time
- Going shopping/Trying on clothes in a shop changing room
- Having sexual relations with my partner
- Public speaking/Making presentations at work
- In the gym/At a fitness club
- Wearing black clothes or dark colored clothes
- Wearing evening wear, sandals or other clothing where my skin is exposed
- Dating
- Going to a bar/club/pub
- Dancing
- Visiting someone in their home
- Using public transport
- During my daily work routine
- Air travel
- Wearing winter clothing
- I never feel ashamed/self-conscious of my skin
- None of the above

Q7A

On a scale of 1-5, please indicate how your psoriasis currently negatively affects your self-esteem. (1=Does not affect my self-esteem negatively at all/ 5=Affects my self-esteem negatively a lot)

- 1 Does not affect my self-esteem at all
- 2
- 3
- 4
- 5 Affects my self-esteem a lot

Q7B

On a scale of 1-5, please indicate how your clear to almost clear skin currently affects your self-esteem (1=Does not affect my self-esteem at all/5=Affects my self-esteem a lot)

- 1 Does not affect my self-esteem at all
 - 2
 - 3
 - 4
 - 5 Affects my self-esteem a lot
-

Psoriasis Clear Skin Study Master Guide (Quant)

Q8A On a scale of 1-5 please indicate how you're psoriasis currently affects your body confidence
(1=Does not affect my body confidence at all (I love my body) /5=Affects my body confidence a lot (I hate my body))

1 Does not affect my body confidence at all (I love my body)

2

3

4

5 Affects my body confidence a lot (I hate my body)

Q8B On a scale of 1-5, please indicate how you're clear to almost clear skin currently affects your body confidence
(1=Does not affect my body confidence at all (I love my body) /5=Affects my confidence a lot (I hate my body))

1 Does not affect my self-esteem at all

2

3

4

5 Affects my self-esteem a lot

Q9A If you had clear to almost clear skin, how would you rate your self-esteem?
(1=Would not affect my self-esteem at all /5=Would affect my self-esteem a lot)

1 Would not affect my self-esteem at all

2

3

4

5 Would not affect my self-esteem a lot

Q9B How would you rate your self-esteem, before you achieved clear to almost clear skin?
(1=Would not affect my self-esteem at all /5=Would affect my self-esteem a lot)

1 Would not affect my self-esteem at all

2

3

4

5 Would not affect my self-esteem a lot

Q10A If you had clear to almost clear skin how would you rate your body confidence?
(1=Would not affect my body confidence at all /5=Would affect my body confidence a lot)

1 Would not affect my body confidence at all

2

3

4

5 Would affect my body confidence a lot

Q10B How would you rate your body confidence, before you achieved clear to almost clear skin?
(1=Would not affect my body confidence at all/5=Would affect my body confidence a lot)

1 Would not affect my body confidence at all

2

3

4

5 Would affect my body confidence a lot

Q11 Please describe your psoriasis in one word.
_____ [OPEN TEXT]

Q12 Have you been diagnosed by a medical doctor with one of the following psychological conditions as a result of your psoriasis?

Anxiety

Depression

Other psychological condition. Please specify _____ [OPEN TEXT]

I have not been diagnosed with a psychological condition as a result of my psoriasis

Section 4 Coping Mechanisms

Q13 Do you use any of the following to help you cope with the psychological impact of psoriasis? Tick all that apply.
[ROTATE ORDER OF OPTIONS RANDOMLY - KEEP "OTHER" AS LAST OPTION ALWAYS]

Alcohol

Use food as comfort

Recreational drugs

Smoking

Meditation

Psoriasis Clear Skin Study Master Guide (Quant)

Yoga
Counseling
Exercise
Shopping
Gambling
Sport
Patient support group
An online health community
Hide myself away from the world
Writing online blogs
Religion
I don't experience any psychological impact from psoriasis
Other. Please specify _____ [OPEN TEXT]

Q14

Do you use any of the following to cope with the symptoms of psoriasis? Tick all that apply.
[ROTATE ORDER OF OPTIONS RANDOMLY - KEEP "OTHER" & "NONE OF THE ABOVE" AS LAST OPTION ALWAYS]

Apple cider vinegar
Capsaicin/Cayenne
Coal tar
Kitchen plastic wraps
Olive oil/Vegetable oil
Fish oil
Bitter gourd
Cabbage leaf compress
Mudpack
Acupuncture
Homeopathy
Ayurveda
Thermal baths
Change in diet/Special foods
Herbal supplements
Hypnosis
Magnetic field therapy
Oxygen therapy
Dead sea salts or Epsom salts
Aloe vera
Tea tree oil
Skin care products with oat extracts
UV therapy
Skin creams/Ointments/Lotions/Gels
Vitamins
Vaseline
Nutritional supplements
Snake oil
None of the above
Other. Please specify _____ [OPEN TEXT]

Section 5

Relationships

Q15

How has psoriasis impacted on relationships with your current/previous spouse or partner? Tick all that apply.
[ROTATE ORDER OF OPTIONS RANDOMLY]

I turn the lights off before having sex
A partner has ended a relationship with me
I avoid having intimate relationships with people
I have had arguments with my partner because they don't understand
I feel inadequate as a spouse or partner
I can't stand the thought of someone touching my skin
I can't stand the thought of someone seeing my skin shedding
I can't stand the thought of someone seeing my skin

Psoriasis Clear Skin Study Master Guide (Quant)

Past partners have been disgusted and/or repulsed by my skin
I avoid dating because I am ashamed of my psoriasis
Psoriasis hasn't impacted on my relationships with my spouse or partner
It has made my relationship stronger

Section 6

Daily activities

Q16

On a scale of 1-5, please indicate how psoriasis affects your ability to function normally.
(1=does not affect my ability to function normally at all/ 5=affects my ability to function normally a lot)

- 1 Does not affect my ability to function normally at all
- 2
- 3
- 4
- 5 Affects my ability to function normally a lot

Q17

How much does your psoriasis affect your ability to do the following?
(1=does not affect me at all/ 5=affects me a lot)

Exercising at the gym/fitness center
Playing a particular sport
Participating in a hobby, I love
Going swimming
Gardening
Doing anything where I will have to expose my skin
Attending social activities
Going to work
Having intimate relations with my spouse or partner

INFO

In the next series of questions, we would like to ask you about how your psoriasis affects your sleep.
MOS SLEEP INDEX

Q18

Have you ever not been able to sleep due to your psoriasis?

- 1 Yes
- 2 No

Q19

How long did it usually take for you to fall asleep during the past 4 weeks?

- 1 0-15 minutes
- 2 16-30 minutes
- 3 31-45 minutes
- 4 46-60
- 5 More than 60 minutes

Q20

On average, how many hours did you sleep each night during the past 4 weeks?

_____ [OPEN TEXT]

Q21

How often during the past 4 weeks did you...

(All of the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time)

- 1 Get enough sleep to feel rested upon waking in the morning?
- 2 Awaken short of breath or with a headache?
- 3 Have trouble falling asleep?
- 4 Awaken during your sleep time and have trouble falling asleep again?
- 5 Have trouble staying awake during the day?
- 6 Get the amount of sleep you needed?

Q22A

What's the one thing you would love to do but feel you can't because of your psoriasis?

_____ [OPEN TEXT]

Q22A

What's the one thing you can do now that you have achieved clear to almost clear skin?

_____ [OPEN TEXT]

Section 7

Other people's attitudes

Q23A

Have you ever felt that people have treated you unfairly or treated you differently due to not having clear skin?

- Yes
- No

Q23B

Before achieving clear to almost clear skin, did you feel that people treated you unfairly or treated you differently due to not having clear skin?

- Yes
 - No
-

Psoriasis Clear Skin Study Master Guide (Quant)

Q24	Have you ever experienced any of the following due to your psoriasis? Tick all that apply Refusal to provide me a treatment at a beauty clinic/cosmetic studio Discrimination at work Humiliation in public Made the center of jokes Bullying People refuse to shake my hand People refusing to serve me in shops Being denied entry to the swimming pool Being asked to leave a swimming pool Hairdresser/barber refusing to cut my hair Being asked if I'm contagious Being asked to leave a form of public transport, e.g., plane, bus Other. Please specify _____[OPEN TEXT]
Q25	FOR EACH OPTION SELECTED IN PREVIOUS QUESTION How did being in this situation make you feel: [INSERT OPTION] Ashamed Humiliated Angry Spoiled my mood I don't care
Q26	Please indicate how much you agree or disagree with the following statements (Completely agree, somewhat agree, neither agree nor disagree, somewhat disagree, completely disagree) I feel that people treat me differently because of my psoriasis I feel that people react negatively toward me when I am in public People tell me to get over it I feel people avoid touching me I feel that people treat me as if I'm contagious I feel that people are wondering what's wrong with me I feel that people dismiss my psoriasis as cosmetic and not a "real" disease People advise me on possible "cures" or ways I should be living my life
Section 8	Cost
Q27	How much of your own money do you spend each month on your psoriasis, specifically for...
1	Health Care, prescriptions, doctors' fees, alternative practitioners, dietician, complementary medicine: [LOCAL CURRENCY] _____[OPEN TEXT]
2	Medicines, creams, lotions (excluding prescription medicine): [LOCAL CURRENCY] _____[OPEN TEXT]
3	Make-up and special clothing: [LOCAL CURRENCY] _____[OPEN TEXT]
4	Travel costs (e.g., to see a health care professional): [LOCAL CURRENCY] _____[OPEN TEXT]
Q28	Have you ever been on holiday or to a retreat, specifically for the treatment of your psoriasis (for example to a spa, thermal bath, hot spring)
1	I have been once
2	I have been more than once
3	I go regularly
4	I have never been
	IF Q27=1-3
Q29	How much of your own money do you spend on average for such a trip? [LOCAL CURRENCY] _____[OPEN TEXT]
Section 9	Treatment & Clear Skin
Q30	Please close your eyes, and think back over your life spent living with psoriasis. Now, please write down the word or phrase which immediately comes to mind when you hear the term "Clear Skin" _____ [OPEN TEXT]
Q30A	Do you think that it is achievable to have clear to almost clear skin? (i.e. skin completely clear of the symptoms of psoriasis) Yes No
Q30B	Did you think that clear to almost clear skin was possible before you achieved it? (i.e. skin completely clear of the symptoms of psoriasis) Yes

Psoriasis Clear Skin Study Master Guide (Quant)

	No
Q30C	Please specify the length of time it took for you to be prescribed with the treatment that resulted in your clear to almost clear skin. Less than a year More than a year More than two year More than five year
Q30D	How many different treatments have you been prescribed before getting clear to almost clear skin? _____ [OPEN TEXT]
Q30E	How many different physicians have you seen before getting to the right treatment to achieve clear to almost clear skin? _____ [OPEN TEXT]
Q31	Overall, are you satisfied with your current treatment that your doctor has provided you with?
1	Completely satisfied
2	Somewhat satisfied
3	Neither satisfied nor dissatisfied
4	Somewhat dissatisfied
5	Completely dissatisfied
Q31A	IF Q31=1 OR 2 Please indicate why you are satisfied with your treatment. Tick all that apply. Clears my skin completely Almost clears my skin completely Clears my skin enough for me that I feel confident to carry out my daily life Takes away the pain and soreness Has few side effects Has no side effects Quickly improved my symptoms Other
Q31B	IF Q31=4 OR 5 Please indicate why you are dissatisfied with your treatment. Tick all that apply. Cost of treatment is too high The treatment doesn't work Doesn't achieve clear skin Still experience pain and soreness Too many side effects/don't like the side effects I already take too many medications Medication was not easily available to me It took a long time for my symptoms to improve Other
Q32A	Do you feel comfortable telling your doctor you want clear to almost clear skin? Yes No
Q32B	Did you feel comfortable telling your doctor that you wanted clear to almost clear skin? Yes No
Q33	What is the aim of your treatment agreed with your doctor? To reduce itching To reduce pain To lessen the appearance of plaques To get clear or almost clear skin To maintain clear to almost clear skin [SHOW ONLY FOR CLEAR SKIN PATIENTS] To achieve and maintain clear to almost clear skin To reduce flaking All of the above I don't know
Q34	Has your doctor ever spoken to you about other health conditions related to your psoriasis? Yes No

Psoriasis Clear Skin Study Master Guide (Quant)

Q35

What role, if any, do nurses play when you go to see your doctor?

- They give me advice on how to cope with my condition
- They give me information about my condition (treatment options)
- They connect me with patient organizations and support groups
- They do not play a role at all

Q36A

Now imagine that you have clear to almost clear skin. Which of the following activities do you look forward to doing when you achieve clear to almost clear skin? Tick all that apply

- Lying on a beach
- Swimming
- Wearing summer clothes that expose my skin
- Going to the hairdressers
- Shaking someone's hand
- Touching someone else
- Meeting someone for the first time
- Going shopping/trying on clothes in a shop changing room
- Having sexual relations with my partner
- Public speaking/making presentations at work
- Go to gym/fitness club/do outdoor sports
- Wearing black clothes or dark colored clothes
- Wearing evening wear, sandals or other clothing where my skin is exposed
- Dating
- Going to a bar/club/pub
- Dancing
- Visiting someone in their home
- Using public transport
- Air travel
- Going to work
- None of the above
- Starting a new sport
- Wearing winter clothing

Which of the following activities do you look forward to doing, now that you have achieved clear to almost clear skin. Tick all that apply.

- Lying on a beach
- Swimming
- Wearing summer clothes that expose my skin
- Going to the hairdressers
- Shaking someone's hand
- Touching someone else
- Meeting someone for the first time
- Going shopping/trying on clothes in a shop changing room
- Having sexual relations with my partner
- Public speaking/making presentations at work
- Go to gym/fitness club/do outdoor sports
- Wearing black clothes or dark colored clothes
- Wearing evening wear, sandals or other clothing where my skin is exposed
- Dating
- Going to a bar/club/pub
- Dancing
- Visiting someone in their home
- Using public transport
- Air travel
- Going to work
- None of the above
- Starting a new sport
- Wearing winter clothing

INFO

Thank you for completing this survey. We appreciate your time.

Psoriasis Clear Skin Study Master Guide (Quant)

Optional

Is there anything you would like to share with us about your psoriasis or a story about how it has impacted your life?

[OPEN TEXT]

Submit the survey
