Simplified Psoriasis Index LABEI Recor								Sex:	
Da	ate:		First na	me :					
Self-a	assessment version (sa	SPI)	Surnam	ie:					
Thank yo If you ne- little abou	d tell us a								
	RT 1A For each of these 10 choice which best describe								
0	clear or so minor that it do	oes not bother me	e (0)						
±	obvious but still leaving p	lenty of normal sk	kin (½)					2	~
+	widespread and involving	much of the affe	cted area	(1)					
	_		I	0	1/2	1		$\binom{3}{3}$	3
1	Scalp and hairline			0	±	+		\/\ \cdot 5	
2	Face, neck and ears			0	±	+		2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Will (
3	3 Arms and armpits				±	+		8 8	/
4	4 Hands, fingers and fingernails*				±	+			
5	5 Chest and abdomen				±	+		$\binom{9}{9}\binom{9}{9}$	
6	Back and shoulders				±	+			
7	7 Genital area and/or around anus (back passage)				±	+		10 10	
8	8 Buttocks and thighs				±	+			
9	Knees, lower legs and ank	les		0	±	+			
10	10 Feet, toes and toenails*				±	+			
* even if the skin of the hands or feet is unaffected you can score ± for severe psoriasis of at least 2 and + for 6 or more finger or toenails Total extent score: maximum 10 points) ₃) 6	3
state of psorias	T1B Please circle whichever your psoriasis today. You sis, not just the worst areas. Clear or just slight redness of Mild redness and/or scaling Definite redness, scaling are Moderately severe with obvious very red and inflamed, very lintensely inflamed skin with		saSPI-s (1A X 1B)	Will all the second sec					
	Average severity scor								
You may	v be given some photographic imag								

Patient self-assessed current extent and severity score (proSPI-s) = $1A \times 1B$ (maximum 50)

PART 2 (SPI-p)		Please make a mark on the line below to show how much your psoriasis is affecting you in your day-to-day life today .										
	0	1	2	3	4	5	6	7	8	9	10	
Guide: 0 = my psoriasis is not affecting me at all 5 = my psoriasis is affecting me quite a lot 10 = my psoriasis is affecting me very much (I could not imagine it affecting me more)												

PART 3 (SPI-i) This record about you a		kn	If the information from your previous assessment is known and has not changed, just enter the previous SPI-i score in the SPI-i box (bottom right)							
About your psoriasis Please tick each true statement maximum 4 points										
I have had psoriasis for at least 10 years										
My psoriasis first developed before I was 10 years old 10 and/or has been present for more than 20 years										
I have had bright red and very inflamed psoriasis (with or without pus spots) covering all my skin (erythrodermic or generalised pustular psoriasis)										
A rheumatologist (arthritis specialist) has confirmed that I have psoriatic arthritis										
About your psoriasis treatment maximum 6 points How many different psoriasis treatments (excluding creams etc.) have you ever had?										
Ultraviolet light trea	itment (UVB and/or	rPUVA)		maximum 1 point						
Psoriasis tablets or injections (1 point for each different active drug) maximum 5 points										
Summary of treatments received (optional) * Please tick each treatment you have ever received. If a treatment is not listed, add it. Please ask doctor or nurse if unsure.										
□ Acitretin	□ Infliximab			:						
□ Ciclosporin	□ Adalimumab		□:	□:						
□ Methotrexate	□ Secukinumab		□:	□:						
□ Etanercept	□ Ustekinumab		□:	□:						
saSPI score		Enter the near		If no change, enter score from previous assessment						
saSPI-	·s	SPI-p		saSPI-i						
SEVERITY		SYCHOSOCI	AL (0-10)	INTERVENTIONS (0-10)					