

Simplified Psoriasis Index

Date :

Professional assessment (proSPI)

LABEL or
Record no :

Sex :

First name :

Surname :

PART 1A Circle the option which most closely describes the current **extent** of psoriasis in each body area

0	±	+
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- | | |
|---|---|
| 0 | clear or minimal with no more than a few scattered thin plaques (0) |
| ± | obvious but still leaving plenty of normal skin (0.5) |
| + | widespread and involving much of the affected area (1.0)§ |

§ Please note that this is not the same as percentage body surface area (BSA) involvement: the extent score takes into account how dispersed the plaques are

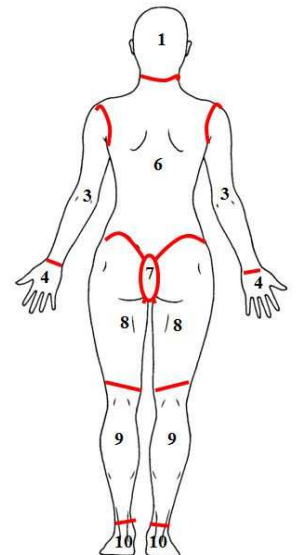
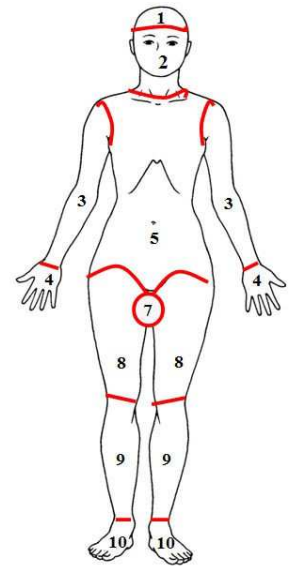
		0	½	1
1	Scalp & hairline	0	±	+
2	Face, neck & ears	0	±	+
3	Arms & armpits	0	±	+
4	Hands, fingers & fingernails*	0	±	+
5	Chest & abdomen	0	±	+
6	Back & shoulders	0	±	+
7	Anogenital area	0	±	+
8	Buttocks & thighs	0	±	+
9	Knees, lower legs & ankles	0	±	+
10	Feet, toes & toenails*	0	±	+

* score severe dystrophy of ≥ 2 nails as 0.5 and ≥ 6 nails as 1.0

Total extent score: maximum 10 points

1A

TOTAL



PART 1B Select the option which best describes the current **average severity** of psoriasis. This should take into account **all** affected areas identified above, not just the worst areas. Please refer to photographic severity key if available.

- | | |
|---|---|
| 0 | Essentially clear: with faint erythema <i>or</i> residual pigmentation only |
| 1 | Mild: erythema <i>or</i> scale with focal slight palpable thickening |
| 2 | Mild to moderate: erythema <i>and/or</i> scale with majority of affected skin palpably thickened |
| 3 | Moderate: erythema <i>and/or</i> scale <i>and/or</i> skin thickening |
| 4 | Marked: erythema <i>and/or</i> scale <i>and/or</i> skin thickening |
| 5 | Intensely inflamed skin: with or without pustules |

Average severity score: maximum 5 points

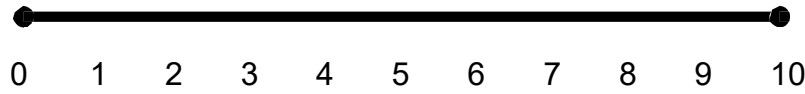
1B

proSPI-s
(1A X 1B)

Professionally-assessed current extent and severity score (proSPI-s) = **1A** x **1B** (maximum 50)

PART 2 (SPI-p) Ask patient to mark the line below in response to the question:

“How much is your psoriasis affecting you in your day-to-day life today?”



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 part forms a summary record of the patient’s psoriasis history and of interventions received.

If the information from the previous assessment is known and has not changed, just enter the previous score in the proSPI-i box at the foot of the form.

About the patient’s psoriasis *maximum 4 points*

The patient has had psoriasis for at least 10 years	
The patient’s psoriasis first developed before the age of 10 <i>and/or</i> has been present for more than 20 years	
The patient has had erythrodermic or generalised pustular psoriasis	
A diagnosis of psoriatic arthritis has been confirmed by a rheumatologist	

About the patient’s treatment *maximum 6 points*

How many **different** psoriasis treatments (other than topicals) has the patient received?

Ultraviolet phototherapy (UVB <i>and/or</i> PUVA)	<i>maximum 1 point</i>	
Systemic psoriasis treatments (1 point for each different active agent)	<i>maximum 5 points</i>	SUM

Summary of systemic treatments received (optional) *
 Tick all systemic agents received to date. If a treatment is not listed, add it in one of the blank boxes. The list of agents may be modified to reflect local availability or the introduction of new treatments.

TOTAL

- | | | | | |
|---------------------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Acitretin | <input type="checkbox"/> Adalimumab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Methotrexate | <input type="checkbox"/> Infliximab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ciclosporin | <input type="checkbox"/> Secukinumab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Etanercept | <input type="checkbox"/> Ustekinumab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

proSPI score

to nearest whole number

If no changes, just enter the previous SPI-i score here

proSPI-s

SPI-p

proSPI-i

SEVERITY (0-50)

PSYCHOSOCIAL (0-10)

INTERVENTIONS (0-10)

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