

BADBIR

PATIENT BASELINE QUESTIONNAIRE

Thank you for your participation in BADBIR. We would be grateful if you could complete the questionnaires below and hand them to your dermatology nurse / doctor.

Name:

Date of
Birth:BADBIR
ID:

For office use only

Where were you born?

Town:

Country:

What is your occupation?

Please tick the one box which best describes you:☐

Working full-time

☐

Working part-time

☐

Working full-time in the home

☐

Student

☐

Unemployed but seeking work

☐

Not working due to ill health/disability

☐

Retired

Which of these ethnic groups do you belong to?

☐

White

☐

Indian

☐

Pakistani

☐

Bangladeshi

☐

Chinese

☐

Black-African

☐

Black-Caribbean

☐

Black-British

☐

Black-other

☐

Other

Please specify

Do you have an occupation or hobby which is mainly outdoors?

☐

Yes

☐

No

Have you ever lived in a tropical/subtropical (hot/sunny climate) country?☐

Yes

☐

No

Have you **EVER** smoked more than one
cigarette a day?

Yes

☐

No

☐If you have ever smoked, what was the average
number of cigarettes /day?

Cigarettes per day

Age started
smoking

years

Age stopped
smoking

years

Do you **CURRENTLY** smoke more than
one cigarette a day?

Yes

☐

No

☐If **YES**, how many cigarettes do
you smoke each day?

Cigarettes per day

Do you drink alcohol?

Yes

☐

No

☐If yes, how many units do you drink in an average week?
For guidance please refer to the table below

| Alcoholic Drink | No. of units |
|------------------------------------|--------------|
| A pint of ordinary beer/lager (4%) | 2.3 |
| A pint of strong lager | 3 |
| A standard (175ml) glass of wine | 2 |
| A large (250ml) glass of wine | 3 |
| A small (25ml) glass of spirits | 1 |
| A 275ml bottled alcopop | 1.5 |

How would you currently rate your psoriasis? Please choose one.

☐

Severe

☐

Mild

☐

Clear

☐

Moderate

☐

Almost clear