

Please complete or attach patient sticker:

Name:

Address:

Hosp. No.:

NHS/CHI:

DoB:

Gender:

☐

Male

☐

Female



BIR
Biologics and
Immunomodulators
Register

BADBIR ID:

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BAD Biologics and Immunomodulators Register Baseline Clinical Questionnaire

Today's Date: _____

Date of Consent: _____

Sent to BADBIR? ☐

Date Entered on to Database: _____

Psoriasis

1. Does the patient have a past history of the following?

Yes No

Erythrodermic psoriasis

--	--

Generalised pustular psoriasis

Yes No

--	--

2. What type of psoriasis does the patient currently have?

Yes No

Chronic plaque psoriasis

--	--

↳ Small (≤ 3 cm diam)

--	--

↳ Large (> 3 cm diam)

--	--

Flexural/intertriginous

--	--

Seborrhoeic psoriasis

--	--

Scalp

--	--

Palms/soles (non-pustular)

--	--

Nails

--	--

↳ If yes, indicate number of nails affected

--	--

Guttate psoriasis

--	--

Unstable psoriasis

--	--

Erythrodermic

--	--

Generalised pustular psoriasis

--	--

Localised pustular psoriasis

--	--

↳ Acrodermatitis Hallopeau

--	--

↳ Palmoplantar pustulosis

--	--

Other (please specify below)

--	--

3. Please complete the following details:

Year of diagnosis (best approximation):

--	--	--	--	--

Year first seen by a dermatologist:

--	--	--	--	--

4. Does the patient have a family history of psoriasis? (i.e. first-degree relative such as parent, sibling or child)

Yes

--

No

--

Don't know

--

Disease Severity

5. Does the patient have diagnosis by a rheumatologist of psoriatic arthritis?

Please add details of any other inflammatory arthritis conditions to comorbidities

Yes

No

--	--	--	--	--

Year of Diagnosis

Psoriasis Global Assessment (PGA):

- Severe
- Moderate to severe
- Moderate
- Mild
- Almost clear
- Clear

Generalised Pustular PGA (GPPGA):

- Severe
- Moderate
- Mild
- Almost clear
- Clear

Patient Completed PGA (PPGA):

- Severe
- Moderate
- Mild
- Almost clear
- Clear

6. Please document all recent PASIs & PGAs including the pre-BADBIR registration treatment PASI:

Date	Location (In-clinic/remote)	PASI	Psoriasis Global Assessment	Patient Completed PGA	Generalised pustular psoriasis only		Pustular psoriasis only
					Generalised Pustular PASI	Generalised Pustular PGA	BSA

When asking patients to assess their psoriasis, please use the following phrasing: "How would you currently rate your psoriasis?"

Please be aware that the patient may have completed a patient completed PGA as part of their questionnaires.

7. Is the patient currently on any of the following topical treatments?

Topical pimecrolimus

Yes

☐

No

☐

Topical tacrolimus

Yes

☐

No

☐

8. Please list all the patient's current therapy for any indication (Please note topical treatments apart from the two listed above are not required)

DRUG	Date Started					
	d	d	m	m	y	y

DRUG	Date Started					
	d	d	m	m	y	y

Psoriasis Treatment

9. Is the patient currently receiving biologic treatment for their psoriasis?

Yes

☐

No

☐☐ Bimzelx (bimekizumab)

d d m m y y

☐ Cimzia (certolizumab pegol)

Commencement date of this episode of biologic therapy:

☐ Cosentyx (secukinumab)

Is this the patient's first exposure to a biologic agent:

Yes ☐No ☐☐ Ilumetri (tildrakizumab)

If applicable: Was the recommended opening schedule followed?

Yes ☐No* ☐Currently unknown ☐☐ Kyntheum (brodalumab)Dose: ☐ Skyrizi (risankizumab)Frequency: ☐ Taltz (ixekizumab)☐ Tremfya (guselkumab)

Please be aware that the list of drugs we recruit for changes periodically. The list here may not be up to date. Please visit the eligibility page on our website for our current list of drugs: www.badbir.org/Clinicians/Eligibility/

ILUMETRI/SKYRIZI/ZESSLY ONLY: Provide administration dates

d	d	m	m	y	y	Batch number

*If 'No', please provide details of deviation from schedule:

RECOMMENDED OPENING SCHEDULES:

Bimzelx: 320mg at weeks 0, 4, 8, 12, 16. 8 weekly thereafter
 Cimzia: 400 mg at weeks 0, 2 and 4
 Cosentyx: 300mg at weeks 0, 1, 2, 3 & 4
 Ilumetri: 100mg at weeks 0 & 4. 12 weekly thereafter
 Kyntheum: 210 mg at weeks 0, 1 and 2
 Skyrizi: 150mg at weeks 0 & 4. 12 weekly thereafter
 Taltz: 160mg at week 0, 80mg at weeks 2, 4, 6, 8, 10, and 12
 Tremfya: 100mg at week 0, 100mg at week 4

10. Is the patient currently receiving a small molecule immunomodulator therapy for their psoriasis?

Yes

☐

No

☐

DRUG	(Please tick)	Dose (mg)	Frequency	Date Started					
				d	d	m	m	y	y
Skilarence (dimethyl fumarate)			Average daily dose						

11. Is the patient currently receiving conventional therapy for their psoriasis?

Yes

☐

No

☐

DRUG	(Please tick)	Dose (J/cm ² or mg)	Frequency	Date Started					
				d	d	m	m	y	y
Oral PUVA									
Methotrexate									
Ciclosporin			Average daily dose						
Acitretin									
Fumaderm			Average daily dose						
Hydroxycarbamide									

12. Please list all previous systemic anti-psoriatic therapy:

If none please tick

☐

Drug	Start date	Stop date	Stop reason*

***Stop reasons:** Adverse Events, Clinical Trial, Contraindication, Death, Financial Consideration, Inefficacy, Inefficacy and Adverse Events, Other (please provide details), Patient Choice, Patient Non-Compliance, Remission, Titration

Co-morbidities

13. Has the patient ever had (i.e. required treatment for) any of the following illnesses?(please tick all that apply)

If none please tick

☐

Hypertension	Yes	Year of Onset
Hypertension		

Cardiovascular Disease	Yes	Year of Onset
Angina		
Myocardial Infarction		
Stroke / Cerebrovascular Disease		
Peripheral Vascular Disease		
Dyslipidaemia		

Diabetes	Yes	Year of Onset
Type 1		
Type 2		

Autoimmune Disorders	Yes	Year of Onset
Thyroid Disease		
Alopecia Areata		
Vitiligo		
Psoriatic Arthritis		

Thrombosis	Yes	Year of Onset
Deep vein thrombosis		
Pulmonary embolism		
Asthma		
COPD (including chronic bronchitis, emphysema)		

Liver Disease	Yes	Year of Onset
NAFLD (non-alcoholic fatty liver disease, including fatty liver and NASH)		
Alcoholic Liver Disease		
Viral Hepatitis		
Autoimmune Hepatitis		
Inherited Liver Disease (inc. haemochromatosis)		

Kidney Disease	Yes	Year of Onset
Chronic Kidney Disease		
Glomerular Disease		
Renovascular Kidney Disease		
Inherited Renal Disease (polycystic kidney disease)		

Peptic Ulcer	Yes	Year of Onset
Peptic Ulcer		

Demyelination	Yes	Year of Onset
Optic Neuritis		
Multiple Sclerosis		
Transverse Myelitis		
Chronic Inflammatory Demyelinating Polyneuropathy		
Guillain-Barre Syndrome		

Epilepsy	Yes	Year of Onset
Epilepsy		

Peptic Ulcer	Yes	Year of Onset
Peptic Ulcer		

Non-Skin Cancer	Yes	Year of Onset
Please specify type / site:		

Psychiatric	Yes	Year of Onset
Depression		
Anxiety		

Inflammatory Bowel	Yes	Year of Onset
Crohns		
Ulcerative Colitis		

Other (please specify)	Yes	Year of Onset

Skin

Skin Cancer risk factors:

14a) Please indicate Fitzpatrick skin type in box below

Description	Fitzpatrick Skin Type	Please tick
Burns easily, never tans	1	
Burns easily, tans minimally	2	
Burns moderately, tans gradually	3	
Burns minimally, tans well	4	
Rarely burns, tans profusely	5	
Never burns, deeply pigmented	6	

14b) History of prior neoplastic or pre-cancerous lesions? Yes ☐

(Please indicate number) and site below

No ☐

Type	Site	Number
SCC		
BCC		
Melanoma		
Melanoma in situ		
Actinic keratosis		
Bowen's disease		
Keratoacanthoma		

UV Therapy

15. Has the patient ever had UV therapy? Yes ☐

No ☐

If **YES**, please complete the following:

UV Therapy Details	Yes	No. of Courses	No. of Treatments	Cumulative Dose (J/cm ²)	Data Known to be Accurate?
Broadband UVB					
Narrowband UVB					
TOTAL BODY PUVA					
Oral PUVA					
Topical PUVA					
HAND AND FOOT PUVA					
Oral PUVA					
Topical PUVA					

Lab Values

16. Please complete the following laboratory values (recent i.e. within last 6 months):

LABORATORY VALUES	Result	Date
Haemoglobin count (g/dL)		
White cell count (x10 ⁹ /L)		
Platelet count (x10 ⁹ /L)		
Creatinine (μmol/L)		
Transaminase ALT (U/L)		
Cholesterol (mmol/L)		
Triglyceride (mmol/L)		
HDL (mmol/L)		

Additional Information

17. What is the patient's **current** (i.e. at the time that the biologic/systemic agent was started) blood pressure?

Systolic mm

Diastolic mm

15. What is the patient's **current** (i.e. at the time that the biologic/systemic agent was started) height, weight and waist circumference?

Height cm

Weight kg

Waist circumference cm

PBQ & QoL Questionnaires

The following patient questionnaires should also be completed:

PBQ
(1)DLQI
EuroQoL

CAGE
(2)HAQ
HADS

If paediatric patient:

cDLQI
EQ-5D-y

PBQ
(2)cHAQ

(1) It is not essential but a DLQI taken prior to drug commencement is preferred

(2) Only if patient has a rheumatologist's diagnosis of inflammatory arthritis

Signature

Please sign and date below:

Name: _____

Signature: _____

Date: _____