

BADBIR

UNDER 16 PATIENT BASELINE QUESTIONNAIRE



Thank you for your participation in BADBIR. We would be grateful if you could complete the questions below with the help of your parent or guardian and hand them to your dermatology nurse / doctor.

Name:

Date of Birth:

Where were you born?

Town:

Country:

Which of these ethnic groups do you belong to?

- | | | | | |
|--|--|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black-African | <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Black-British | <input type="checkbox"/> Black-other | |
| <input type="checkbox"/> Other | Please specify: <input type="text"/> | | | |

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

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

- | | | |
|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Severe | <input type="checkbox"/> Mild | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Almost clear | |

Date: / /

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BADBIR ID: