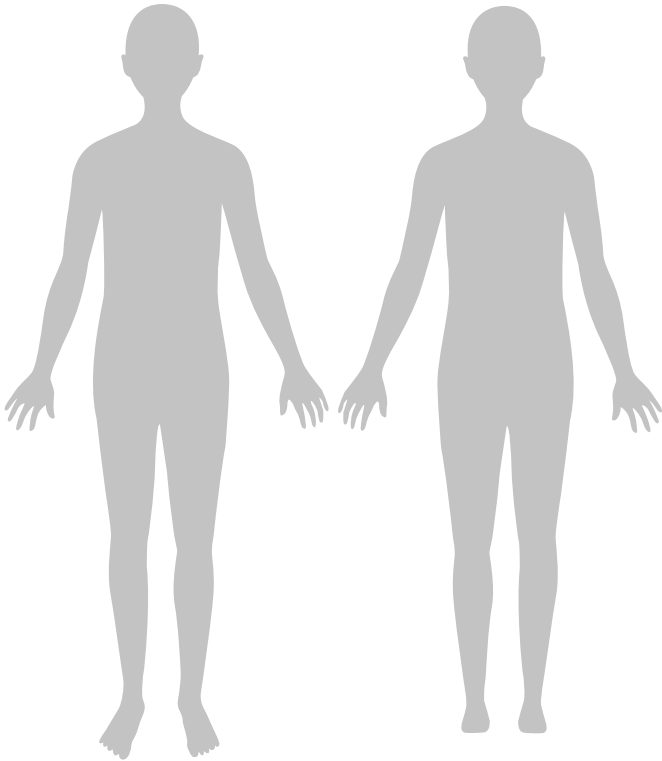


Discussion Tool

This tool can be used as a discussion aid for people with psoriasis during consultations with your GP / Nurse or Dermatologist.

Where does your psoriasis 'itch'?

Please shade the areas of your body where you most frequently experience 'itch':



Front

Back

How often do you experience 'itch'?

Tick the box which applies:

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once or twice a day |
| <input type="checkbox"/> Only when I do certain things | <input type="checkbox"/> Most of the day |
| <input type="checkbox"/> A few times a week | <input type="checkbox"/> Constantly |

At what times of the day do you normally experience 'itch'?

Tick all those that apply:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Night |

What factors make your 'itch' worse?

Tick all those that apply:

- | | |
|--|--|
| <input type="checkbox"/> Exercise (sweating) | <input type="checkbox"/> Certain types of clothing |
| <input type="checkbox"/> Being stressed | <input type="checkbox"/> Being ill |
| <input type="checkbox"/> Cold weather | |

Other

How intense/painful is your 'itch'?

Mark on this scale the level which indicates the intensity of your 'itch':*



No 'itch' /painless

Moderate 'itch'/pain

Unbearable 'itch'/pain

How does it make you feel when your psoriasis is itching?

Tick all those that apply:

- | | |
|---|--|
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Frustrated |
| <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Self conscious | <input type="checkbox"/> Does not affect my mood |
| <input type="checkbox"/> Fed up | Other |

Does 'itch' have an impact on your sleep?

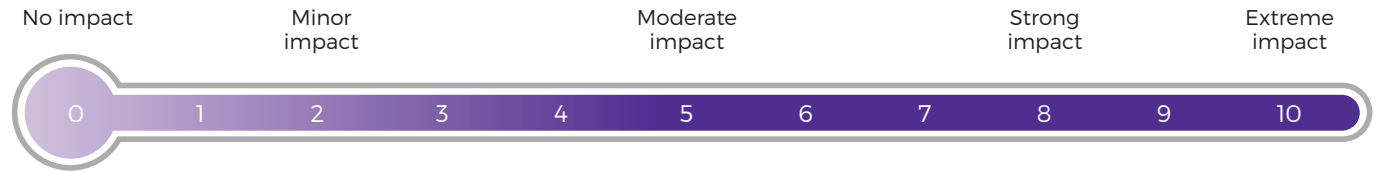
- Yes No

If so, how would you describe that impact?

- | | |
|--|--|
| <input type="checkbox"/> Difficulty getting to sleep | <input type="checkbox"/> Itching in sleep without waking |
| <input type="checkbox"/> Woken up by 'itch' | Other |

Are you impacted by 'itch' in any of the following settings?

Tick all those that apply and score according to the scale:



At work

Score*

At home

Score*

Out with friends

Score*

In relationships

Score*

Other (Please describe here):*

Mark out of 10 the overall impact of 'itch' on your day-to-day life:*

How would you describe your 'itch'?

We understand that it can sometimes be difficult to describe your 'itch.' Patients surveyed as part of the 'Life's an Itch' campaign often used the below words to describe their experience with 'itch'. Circle the word(s) which best describe your experience with 'itch' in psoriasis and/or insert your own words.

Irritating

Persistent

Prickly

Bearable

No 'itch'

Punishing

Annoying

Sleeplessness

Never-ending

Manageable

Merciless

Painful

Tiring

Sore

Maddening

In control

Exhausting

Hot

Other

Plan of action

Ask your GP/ Nurse/ Dermatologist to work with you to fill in the below plan with next steps to tackle the 'itch' you experience with your psoriasis.

	Action	Who is responsible?	When to review?
1			
2			
3			

For healthcare professional use only

NHS N°:

Date of visit

Total impact score:

To calculate the total impact score, add up all scores marked * (maximum possible score: 70)