

## Koo-Menter Psoriasis Instrument

**Patient Self-Assessment**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 1: Quality of Life - Please answer each of the following questions as they pertain to your psoriasis during the past month. (Circle one number per question)**

	Not at All				Somewhat				Very Much			
1. How self-conscious do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10	
2. How helpless do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10	
3. How embarrassed do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10	
4. How angry or frustrated do you feel with regard to your psoriasis?	0	1	2	3	4	5	6	7	8	9	10	
5. To what extent does your psoriasis make your appearance unsightly?	0	1	2	3	4	5	6	7	8	9	10	
6. How disfiguring is your psoriasis?	0	1	2	3	4	5	6	7	8	9	10	
7. How much does your psoriasis impact your overall emotional well-being?	0	1	2	3	4	5	6	7	8	9	10	
8. Overall, to what extent does your psoriasis interfere with your capacity to enjoy life?	0	1	2	3	4	5	6	7	8	9	10	

**How much have each of the following been affected by your psoriasis during the past month? (Circle one number per question)**

	Not at All				Somewhat				Very Much			
9. Itching?	0	1	2	3	4	5	6	7	8	9	10	
10. Physical irritation?	0	1	2	3	4	5	6	7	8	9	10	
11. Physical pain or soreness?	0	1	2	3	4	5	6	7	8	9	10	
12. Choice of clothing to conceal psoriasis?	0	1	2	3	4	5	6	7	8	9	10	

Total Quality-of-Life Score (0 - 120)

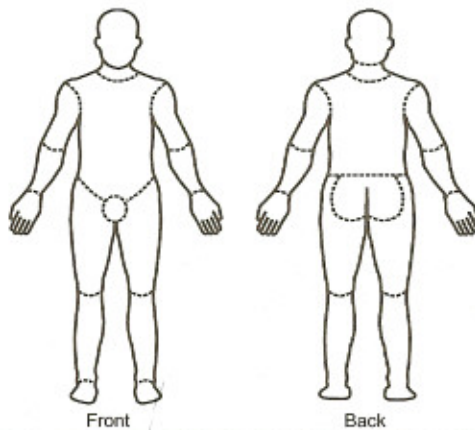
\* (Medical staff to calculate)

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12-Item Psoriasis Quality of Life Questionnaire (PQOL-12), Copyright 2002, 2005, Alorgan, Inc.

**Part 2:**

A. Using the figures below, place an "X" on the parts of your body that currently have psoriasis.



**Part 3:**

A. Have you ever been diagnosed with psoriatic arthritis?

Yes  No

B. Do you have swollen, tender, or stiff joints (e.g., hands, feet, hips, back)?

Yes  No

If yes, how many joints are affected? (Check one box)

1  2  3  4  More than 4

If yes, how much have your joint symptoms affected your daily activities?

Not at all  A little  A lot  Very much



Once completed, please return to medical staff

## Koo-Menter Psoriasis Instrument

### Physician Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Part 1: Total Quality-of-Life assessment score (from part 1 of previous page)



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Part 2: Area of total body involvement: % BSA (body surface area)

Head	<input type="text"/>	%	Head: up to 9% of total BSA
Anterior Trunk	<input type="text"/> <input type="text"/>	%	Anterior Trunk: up to 18%
Posterior Trunk	<input type="text"/> <input type="text"/>	%	Posterior Trunk: up to 18%
Right Leg	<input type="text"/> <input type="text"/>	%	Right Leg: up to 18% (includes buttock)
Left Leg	<input type="text"/> <input type="text"/>	%	Left Leg: up to 18% (includes buttock)
Both Arms	<input type="text"/> <input type="text"/>	%	Both Arms: up to 18%
Genitalia	<input type="text"/>	%	Genitalia: 1%

Note: Patient's open hand (from wrist to tips of fingers) with fingers tucked together and thumb tucked to the side equals approximately 1% body surface area

Total BSA  %

Part 3: In terms of psoriasis severity, does the patient have:

Check Answer

Plaque, erythrodermic, or pustular psoriasis with >10% BSA involvement?	Yes	No
Persistent guttate psoriasis?	Yes	No
Localized (< 10% BSA) psoriasis but resistant to optimized attempts at topical therapy or physically disabling (eg, palmar and/or plantar psoriasis)?	Yes	No
Localized (< 10% BSA) but serious subtype with possibility of progression (eg, pustular or pre-erythrodermic psoriasis)?	Yes	No
Psoriatic arthritis that affects daily activities (arthritis based on prior diagnosis or Part 3 of patient self-assessment and physician clinical assessment)?	Yes	No
Substantial psychosocial or quality-of-life impact documented by patient Quality-of-Life self-assessment score of $\geq 50$ ?	Yes	No

Part 4: Is phototherapy an option?

Check Answer

Is a suitable phototherapy unit readily accessible to the patient?	Yes	No
Does the anatomical location or form of psoriasis (e.g., scalp, inverse, erythrodermic) preclude phototherapy?	Yes	No
Does the patient have the dedication, time, stamina, or transportation for phototherapy?	Yes	No
Has phototherapy, as monotherapy, failed in the past?	Yes	No
Is phototherapy contraindicated (eg, photosensitive drugs, history of multiple skin cancers)?	Yes	No
In your clinical judgement, is phototherapy likely to yield substantial improvement to justify its use before systemic therapy?	Yes	No

Physician/Nurse comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If at least one of the shaded boxes in both Part 3 and Part 4 above are checked, then the patient is a candidate for systemic therapy.**

**CONCLUSION: The patient is a candidate for systemic therapy**

Yes

No