The Psoriatic Arthritis Clinic, Centre for Prognosis Studies in the Rheumatic Diseases
University of Toronto, University Health Network, Toronto Western Hospital

STUDY #: __ __ __ __

PSORIATIC ARTHRITIS SCREENING QUESTIONNAIRE

Date: __ __ / __ __ / __ __
year month day

PLEASE TICK (✔) EACH CORRECT RESPONSE OR FILL IN THE BLANK FOR ALL QUESTIONS ON BOTH SIDES OF THE PAGE.

Date of Birth: __ __ / __ __ / __ __
year month day

Gender: ❑ Male ❑ Female

Ethnic Background: ❑ White ❑ East Indian ❑ Black ❑ Filipino ❑ Chinese ❑ Other (specify) _____ ❑ Mixed (specify) _____

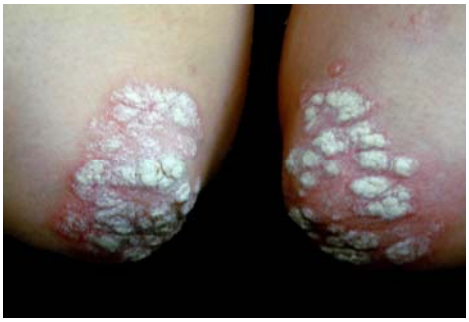

Figure 1
Skin rash on the elbows

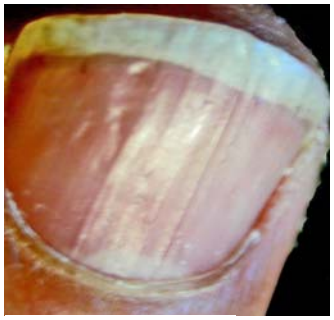

Figure 2
Pits in the nail

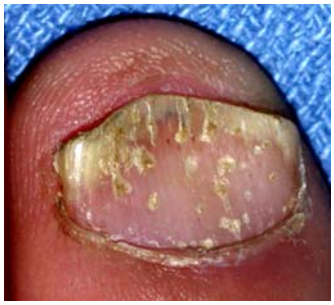

Figure 3
Lifting of the nail

1. **Have you ever had a <u>skin rash</u> consisting of red <u>AND</u> silvery-white scaly areas particularly on the elbows, knees or scalp as shown in FIGURE 1?** ❑ Yes ❑ No
   IF YES → At approximately what age did you first notice this skin rash? _____ years old
   → Do you have this skin rash now? ❑ Yes ❑ No

2. **Have you ever noticed any of these changes in your fingernails**:
   • **<u>Pits</u> in the nails as shown in FIGURE 2.** ❑ Yes ❑ No
   • **<u>Lifting</u> of the nail from the nail bed as shown in FIGURE 3.** ❑ Yes ❑ No
   IF YES → At approximately what age did you first notice them? _____ years old
   → Do you have either of these nail changes now? ❑ Yes ❑ No

3. **Have you ever seen a doctor about a skin rash?** ❑ Yes ❑ No

4. **Has a doctor ever diagnosed you with psoriasis?** ❑ Yes ❑ No
   IF YES → At approximately what age were you diagnosed? _____ years old

5. **Have you ever had joint pain, joint stiffness or swollen red joints that was not the result of injury?** ❑ Yes ❑ No
   IF YES → At approximately what age did you first notice these symptoms? _____ years old
   → Do you have any symptoms now? ❑ Yes ❑ No

6. **Have you ever had a "sausage shaped" swollen finger or toe that was not the result of an injury?** ❑ Yes ❑ No

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THE PAGE

7. **Have you ever had <u>neck pain</u> lasting at least 3 months that was not injury related?** ❑ Yes ❑ No

IF YES → Was the neck pain accompanied by stiffness? ❑ Yes ❑ No

→ Do you have any neck pain now? ❑ Yes ❑ No

8. **Have you ever had <u>back pain</u> lasting at least 3 months that was not injury related?** ❑ Yes ❑ No

IF YES → Was the back pain accompanied by stiffness? ❑ Yes ❑ No

→ Do you have any back pain now? ❑ Yes ❑ No

9. H**ave you ever had a skin rash on any part of your body at the same time as joint pain, joint-stiffness or swollen red joints?** ❑ Yes ❑ No

IF YES → At what age did you first notice these symptoms? _____ years old

→ Do you have these symptoms now? ❑ Yes ❑ No

10. **Have you ever seen a doctor about any joint pain?** ❑ Yes ❑ No

11. **Have you ever been diagnosed with any form of arthritis other than psoriatic arthritis?** ❑ Yes ❑ No

IF YES → What kind of arthritis was it? (Check all that apply)

Rheumatoid Arthritis	❑ Yes	❑ No
Osteoarthritis	❑ Yes	❑ No
Lupus (SLE)	❑ Yes	❑ No
Fibromyalgia	❑ Yes	❑ No
Ankylosing Spondylitis	❑ Yes	❑ No
Scleroderma	❑ Yes	❑ No
Other (specify) _____	❑ Yes	❑ No

12. **Has a doctor ever diagnosed you with <u>psoriatic arthritis</u>?** ❑ Yes ❑ No

IF YES →At what age were you first diagnosed? _____ years old

13. **For each family member below, indicate if they have <u>PSORIASIS</u> or not**:

Mother	❑ Yes	❑ No	❑ do not know	❑ not applicable
Father	❑ Yes	❑ No	❑ do not know	❑ not applicable
Brother	❑ Yes	❑ No	❑ do not know	❑ not applicable
Sister	❑ Yes	❑ No	❑ do not know	❑ not applicable
Grandparent(s)	❑ Yes	❑ No	❑ do not know	❑ not applicable
Uncle/Aunt	❑ Yes	❑ No	❑ do not know	❑ not applicable
Son	❑ Yes	❑ No	❑ do not know	❑ not applicable
Daughter	❑ Yes	❑ No	❑ do not know	❑ not applicable
Other (specify)_____	❑ Yes	❑ No	❑ do not know	❑ not applicable

14. For each family member below, indicate if they have <u>PSORIATIC ARTHRITIS</u> or not:

Mother	❑ Yes	❑ No	❑ do not know	❑ not applicable
Father	❑ Yes	❑ No	❑ do not know	❑ not applicable
Brother	❑ Yes	❑ No	❑ do not know	❑ not applicable
Sister	❑ Yes	❑ No	❑ do not know	❑ not applicable
Grandparent(s)	❑ Yes	❑ No	❑ do not know	❑ not applicable
Uncle/Aunt	❑ Yes	❑ No	❑ do not know	❑ not applicable
Son	❑ Yes	❑ No	❑ do not know	❑ not applicable
Daughter	❑ Yes	❑ No	❑ do not know	❑ not applicable
Other (specify)_____	❑ Yes	❑ No	❑ do not know	❑ not applicable