PSORIASIS SURVEY

This survey asks about your psoriasis, your experiences with psoriasis treatment, and some general questions about you.

There may be some questions that seem similar. This is intentional. Please answer the questions to the best of your ability. For some questions, you may be asked to skip to another question based on the answer you choose. When this happens, you will see instructions that tell you what question to answer next. Throughout the survey, please place an ✗ in the appropriate box to indicate your response.

Thank you for your contribution to this important research. We greatly appreciate your help.

YOUR PSORIASIS, TREATMENT & MEDICATIONS

1. Has a physician or healthcare provider told you that you have psoriasis?

   □ Yes – Please continue to Question 2, below.

   □ No – We appreciate your interest in the Psoriasis Survey Study. Unfortunately, you are not eligible to participate in this survey. Please return the survey in the enclosed envelope. You do not need to complete the rest of the survey. Thank you for your time.

2. In what year were you diagnosed with psoriasis? ___ ___ ___ ___

3. In general, how would you classify your psoriasis? Please choose only one option.

   □ Very mild
   □ Mild
   □ Moderate
   □ Severe
   □ Extremely severe

4. The amount of body surface area covered by psoriasis lesions is estimated by the number of full handprints of lesions that cover your body. Please estimate the number of handprints of lesions you have on your body and enter this number in the blanks below. (A handprint includes the palm, fingers and thumb, as shown in the figure below.)

   _____ _____ Number of FULL handprints
5. **Please indicate which areas of your body are affected by psoriasis lesions.** (Please see figure if you are unsure of the location of the body areas.)
*Please select all that apply.*

- □ Face
- □ Scalp
- □ Neck
- □ Shoulder
- □ Upper Arm
- □ Elbow
- □ Forearm
- □ Hand
- □ Chest/Abdomen
- □ Back
- □ Groin area
- □ Buttocks
- □ Thigh
- □ Knee
- □ Shin/Calf
- □ Ankle
- □ Foot

6. **Although there are several factors your physician considers when selecting a medication for psoriasis, such as efficacy and safety, for this question we would like you to focus on the aspect of medication injection frequency.** If your physician provided you with several options for the frequency of an injection maintenance medication for your psoriasis (e.g., after initial loading doses), which of the following would you request for the frequency of your maintenance injections? *Please choose only one option.*

- □ Once every 1-2 weeks
- □ Once every 3-4 weeks
- □ Once every 1-2 months
- □ Once every 2-3 months
7. Please indicate whether you have ever used any of the following medications for your psoriasis. Please select all that apply.
   - Methotrexate
   - Cyclosporine
   - Etanercept (Enbrel)
   - Adalimumab (Humira)
   - Ustekinumab (Stelara)
   - None of the above

8. Please indicate which medication(s) you are currently taking to treat your psoriasis. Please select all that apply.
   - Methotrexate
   - Cyclosporine
   - Etanercept (Enbrel)
   - Adalimumab (Humira)
   - Ustekinumab (Stelara)
   - None of the above

9. For this question, again please focus on injection frequency of a maintenance medication (e.g., after initial loading doses) for your psoriasis, if recommended by your physician. If you were able to request any injection frequency, please check the box below that represents the injection frequency you would request.

   **Number of Weeks between Injections**

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<td>≥ 12</td>
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   **TREATMENT SATISFACTION**

   For questions 10-18, please use these instructions: Please take some time to think about your level of satisfaction or dissatisfaction with the medication you are using for your psoriasis. We are interested in your evaluation of the effectiveness and convenience of the medication over the last two to three weeks, or since you last used it. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences.

10. How satisfied or dissatisfied are you with the ability of the medication to prevent or treat psoriasis?
    - 1 Extremely Dissatisfied
    - 2 Very Dissatisfied
    - 3 Dissatisfied
    - 4 Somewhat Satisfied
    - 5 Satisfied
    - 6 Very Satisfied
    - 7 Extremely Satisfied
11. How satisfied or dissatisfied are you with the way the medication relieves your symptoms?

☐ 1 Extremely Dissatisfied
☐ 2 Very Dissatisfied
☐ 3 Dissatisfied
☐ 4 Somewhat Satisfied
☐ 5 Satisfied
☐ 6 Very Satisfied
☐ 7 Extremely Satisfied

12. How satisfied or dissatisfied are you with the amount of time it takes the medication to start working?

☐ 1 Extremely Dissatisfied
☐ 2 Very Dissatisfied
☐ 3 Dissatisfied
☐ 4 Somewhat Satisfied
☐ 5 Satisfied
☐ 6 Very Satisfied
☐ 7 Extremely Satisfied

13. How easy or difficult is it to use the medication in its current form?

☐ 1 Extremely Difficult
☐ 2 Very Difficult
☐ 3 Difficult
☐ 4 Somewhat Easy
☐ 5 Easy
☐ 6 Very Easy
☐ 7 Extremely Easy

14. How easy or difficult is it to plan when you will use the medication each time?

☐ 1 Extremely Difficult
☐ 2 Very Difficult
☐ 3 Difficult
☐ 4 Somewhat Easy
☐ 5 Easy
☐ 6 Very Easy
☐ 7 Extremely Easy
15. How convenient or inconvenient is it to take the medication as instructed?

☐ 1 Extremely Inconvenient
☐ 2 Very Inconvenient
☐ 3 Inconvenient
☐ 4 Somewhat Convenient
☐ 5 Convenient
☐ 6 Very Convenient
☐ 7 Extremely Convenient

16. Overall, how confident are you that taking this medication is a good thing for you?

☐ 1 Not at All Confident
☐ 2 A Little Confident
☐ 3 Somewhat Confident
☐ 4 Very Confident
☐ 5 Extremely Confident

17. How certain are you that the good things about your medication outweigh the bad things?

☐ 1 Not at All Certain
☐ 2 A Little Certain
☐ 3 Somewhat Certain
☐ 4 Very Certain
☐ 5 Extremely Certain

18. Taking all things into account, how satisfied or dissatisfied are you with this medication?

☐ 1 Extremely Dissatisfied
☐ 2 Very Dissatisfied
☐ 3 Dissatisfied
☐ 4 Somewhat Satisfied
☐ 5 Satisfied
☐ 6 Very Satisfied
☐ 7 Extremely Satisfied

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19. Have you ever used an injection medication for any other medical condition?

- Yes
- No

20. In general, please indicate how important each of the following factors is to you in requesting a medication for any condition.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not At All Important</th>
<th>Not Very Important</th>
<th>Moderately Important</th>
<th>Very Important</th>
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<tr>
<td>b. Whether my health insurance pays for part of the treatment.</td>
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<td>c. How well the treatment can alleviate my symptoms of psoriasis.</td>
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<td>d. How convenient the treatment is.</td>
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<td>e. The likelihood of getting side effects from the treatment.</td>
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<td>f. The kinds of side effects associated with the treatment.</td>
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<td>g. How frequently the treatment occurs.</td>
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<td>h. Whether the treatment can be taken by mouth.</td>
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<td>i. Whether the treatment can be administered at home by me or a family member.</td>
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<td>j. Whether the treatment must be administered by a health care provider.</td>
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<td>k. Whether my doctor has recommended this treatment.</td>
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<td>l. Other, please specify:</td>
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21. For this question, again please focus on the injection frequency of a maintenance medication (e.g., after initial loading doses) for your psoriasis, if recommended by your physician. If you were able to choose an injection frequency, how likely would you be to choose each of the specific frequencies listed below? Please choose one answer for each frequency option.

<table>
<thead>
<tr>
<th>Frequency of an injection</th>
<th>Very unlikely</th>
<th>Unlikely</th>
<th>Likely</th>
<th>Very likely</th>
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<tr>
<td>a. Once every week</td>
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<td>b. Once every 2 weeks</td>
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<td>c. Once every 12 weeks</td>
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ABOUT YOU

22. In what year were you born? Please write the year below.
   19 ____ ____

23. What is your height? ____ feet ____ inches

24. What is your weight? _____ _____ ____ pounds (lbs)

25. Compared to others your age, would you say your health is . . .
   Please choose only one option.
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

26. How far do you travel to get to your physician’s office for care of your psoriasis?
   Your best guess is fine. Please choose only one option.
   - Less than 1 mile
   - 1 to 5 miles
   - 6 to 10 miles
   - 11 to 15 miles
   - 16 to 20 miles
   - More than 20 miles
27. **What is your marital status? Please choose only one option.**
- Married/living with partner
- Widowed
- Divorced
- Separated
- Never married

28. **What is the highest level of education you have completed? Please choose only one option.**
- Less than high school
- Some high school
- High school or equivalent (e.g., GED)
- Some college, but no degree
- Two-year degree (community or technical)
- College degree
- Graduate school

29. **What is your current employment status? Please choose only one option.**
- Employed full-time (35 hours or more per week)
- Employed part-time (less than 35 hours per week)
- Not employed (e.g., homemaker)
- Retired

30. **Do you consider yourself to be Hispanic or Latino?**
- Yes
- No

31. **What race do you consider yourself to be? Please select all that apply**
- Asian
- American Indian or Native Alaskan
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other – please describe:__________________________

32. **Which one of the following categories best describes your 2012 household income before taxes?**
- Less than $30,000
- $30,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- More than $100,000
- I choose not to answer this question

Thank you! You have reached the end of the survey.
Please make sure you have signed the consent forms on pages X and Y, and mail the survey back to us in the postage-paid envelope provided.