PsoProtect - Psoriasis Patient Registry for Outcomes, Therapy and Epidemiology of Covid-19 infecTion

Resize font: | Returning?

This form is to be completed by a health care professional caring for a patient with psoriasis and coronavirus disease 2019 (COVID-19). This form should be completed after the patient has had COVID-19 for a long enough duration to experience partial or complete recovery, hospitalization or death. You can save and return to the form later if needed.

Reporter Information

Name of reporter

* must provide value

Email address of reporter

* must provide value

Please enter professional/institutional email address only

Do you also enter data into any of the following psoriasis registries? (check all that apply)

* must provide value

- [ ] No
- [ ] AMC Psoriasis Registry (Netherlands)
- [ ] Australasian Psoriasis Registry (Australia)
- [ ] BADBIR (UK and Ireland)
- [ ] Biobadaderm (Spain)
- [ ] Bio-CAPTURE (Netherlands)
- [ ] BIOREP (Czech Republic)
- [ ] Clalit Health Services (Israel)
- [ ] DermBio (Denmark)
- [ ] MRP (Malaysia)
- [ ] PsoBest (Germany)
- [ ] Psobioteq (France)
- [ ] PSOCARE or PSODIT (Italy)
- [ ] PSOLAR (International)
- [ ] PsoRA (Austria)
- [ ] PsoReg (Sweden)
- [ ] Registry of Slovenian Psoriasis Patients (Slovenia)
- [ ] SDNTT (Switzerland)
- [ ] Other - free text

Patient Information

Suspected or confirmed case of COVID-19?

* must provide value

( ) Suspected ( ) Confirmed reset

Date of onset of the symptoms of COVID-19. If exact date not known, please give most accurate estimate.

* must provide value

Today D-M-Y

DD-MM-YYYY

Age
* must provide value
years

Country where patient has been assessed
* must provide value

Gender
* must provide value
Female Male Other
reset

Ethnicity
* must provide value

Occupation

Weight
* must provide value
kilograms

Height
centimetres

Calculated BMI
kg/m2

Psoriasis

Psoriasis phenotype (check all that apply)
* must provide value
Plaque
Pustular
Erythrodema

Psoriatic arthritis
* must provide value
Yes No
reset

Physician Global Assessment (PGA) recorded closest to COVID-19 onset
* must provide value
Clear
Nearly clear
Mild
Moderate
Moderate-severe
Severe
reset

Date of PGA. If exact date not known, please give most accurate estimate.
* must provide value
Today D-M-Y
DD-MM-YYYY

PASI score closest to COVID-19 onset

Date of PASI. If exact date not known, please give

most accurate estimate.

Today D-M-Y
DD-MM-YYYY

Body surface area (BSA) involvement closest to COVID-19 onset

0 - 100 %

Date of BSA. If exact date not known, please give most accurate estimate.

Today D-M-Y
DD-MM-YYYY

Since COVID-19 onset, has the patient's psoriasis

* must provide value

- Improved
- Worsened
- Remained same
- Unknown

reset

Please detail changes in psoriasis e.g. change in PGA, PASI, phenotype

* must provide value

Expand

Psoriasis systemic/biologic medication(s)

Which systemic/biologic medication(s) was the patient on at the time of COVID-19 onset (include medications stopped within 2 weeks of COVID-19 onset)? (check all that apply)

* must provide value

- Methotrexate
- Ciclosporin
- Acitretin
- Fumaric acid esters
- Apremilast
- Etanercept
- Infliximab
- Adalimumab
- Golimumab
- Certolizumab pegol
- Ustekinumab
- Secukinumab
- Ixekizumab
- Brodalumab
- Guselkumab
- Tildrakizumab
- Risankizumab
- Prednisolone
- Dexamethasone
- Other - free text
- None

Patient comorbidities

Did the patient have any of the following coexisting disorders at time of suspected or confirmed COVID-19? (check all that apply)

* must provide value

- [ ] Cardiovascular disease (e.g. coronary artery disease, heart failure, arrhythmia)
- [ ] Diabetes
- [ ] Asthma
- [ ] COPD
- [ ] Other chronic lung disease (NOT asthma/COPD)
- [ ] Hypertension
- [ ] Cancer
- [ ] History of stroke
- [ ] Chronic kidney disease (CKD)
- [ ] Chronic liver disease (e.g. primary sclerosing cholangitis, non-alcoholic fatty liver disease, cirrhosis)
- [ ] Alcohol excess
- [ ] Obesity
- [ ] AIDS/HIV
- [ ] Dementia
- [ ] Inflammatory Bowel Disease
- [ ] Organ transplant recipient
- [ ] Rheumatologic or connective tissue diseases (excluding psoriatic arthritis)
- [ ] Pulmonary hypertension
- [ ] Other - free text
- [ ] None

At time of COVID-19 was the patient pregnant?

( ) Yes ( ) No

reset

At the time of COVID-19 was the patient post-partum (< 6 weeks)?

( ) Yes ( ) No

reset

Smoking status of patient

( ) Current smoker
( ) Former smoker
( ) Never smoked
( ) Unknown

reset

Does the patient currently use e-cigarettes or vape?

( ) Yes ( ) No ( ) Unknown

reset

At the time of COVID-19 was the patient taking any of the following medications?

		Yes - medication continued	Yes - medication stopped	No	Unknown
1	**ACE inhibitor**	( )	( )	( )	( )
2	**Angiotensin-receptor blocker**	( )	( )	( )	( )

reset

reset

3	**Nonsteroidal anti-inflammatory drug (NSAID)**	◯	◯	◯	◯ reset
4	**PDE5 inhibitor (e.g. sildenafil)**	◯	◯	◯	◯ reset
5	**Other - free text**	◯	◯	◯	◯ reset

COVID-19 questions

Which signs and symptoms did the patient suffer from at the time of COVID-19? (check all that apply)

- ☐ General
- ☐ Cardiorespiratory
- ☐ Neurological
- ☐ ENT
- ☐ Gastrointestinal
- ☐ None
- ☐ Other - free text

Have the symptoms resolved?

◯ Yes ◯ No ◯ Not applicable reset

Number of days of symptoms from COVID-19?

* must provide value

_____ days

Did the patient have any close contacts diagnosed with COVID-19?

◯ Yes ◯ No ◯ Unknown reset

Was the patient evaluated in hospital Accident & Emergency (Emergency Room)?

* must provide value

◯ Yes ◯ No reset

Was the patient hospitalized?

* must provide value

◯ Yes ◯ No reset

Did the patient have any complications?

* must provide value

◯ Yes ◯ No reset

Did the patient have any dermatological complications?

◯ Yes ◯ No reset

What treatment (including investigational therapy) was commenced for COVID-19? (check all that apply)

* must provide value

- ☐ Remdesivir
- ☐ Chloroquine
- ☐ Hydroxychloroquine
- ☐ Oseltamivir
- ☐ Lopinavir + ritonavir
- ☐ Tocilizumab
- ☐ Corticosteriods
- ☐ Interferon beta-1a
- ☐ No medications and/or investigational

therapies used

- [ ] Unknown
- [ ] Other - free text

Clinical outcome

What was the clinical outcome?

* must provide value

- ( ) Death
- ( ) Recovery
- ( ) Any chronic complication

reset

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