

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

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

Email address of reporter

(Please enter professional/institutional email address only)

Patient Information

Suspected or confirmed case of COVID-19?

Suspected Confirmed

_today's_date

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

(DD-MM-YYYY)

Please return at least 7 days after the onset of symptoms to complete this form.

Age

(years)

Country where patient has been assessed

- Not in this country list ---
 Åland Islands Afghanistan
 Albania Algeria Andorra
 Angola Anguilla
 Antarctica Antigua and Barbuda
 Argentina Armenia
 Aruba Australia
 Austria Azerbaijan
 Bahamas Bahrain
 Bangladesh Barbados
 Belarus Belgium
 Belize Benin Bermuda
 Bhutan Bolivia, Plurinational State of
 Bosnia and Herzegovina
 Botswana Bouvet Island
 Brazil British Indian Ocean Territory
 Brunei Darussalam Bulgaria
 Burkina Faso Burundi
 Côte d'Ivoire Cambodia
 Cameroon Canada
 Cape Verde Cayman Islands
 Central African Republic
 Chad Chile China
 Christmas Island Cocos (Keeling)
 Islands Colombia Comoros
 Congo Congo, the Democratic Republic
 of the Cook Islands
 Costa Rica Croatia
 Cuba Cyprus Czech Republic
 Denmark Djibouti
 Dominica Dominican Republic
 Ecuador Egypt El Salvador
 Equatorial Guinea Eritrea
 Estonia Ethiopia
 Falkland Islands (Malvinas)
 Faroe Islands Fiji
 Finland France French Guiana
 French Polynesia French Southern
 Territories Gabon Gambia
 Georgia Germany
 Ghana Gibraltar
 Greece Greenland
 Grenada Guadeloupe
 Guatemala Guernsey
 Guinea Guinea-Bissau
 Guyana Haiti Heard Island and
 McDonald Islands Holy See (Vatican City
 State) Honduras Hong Kong
 Hungary Iceland
 India Indonesia
 Iran, Islamic Republic of
 Iraq Ireland Isle of Man
 Israel Italy Jamaica
 Japan Jersey Jordan
 Kazakhstan Kenya
 Kiribati Korea, Democratic Peoples
 Republic of Korea, Republic of
 Kuwait Kyrgyzstan
 Lao Peoples Democratic Republic
 Latvia Lebanon
 Lesotho Liberia
 Libyan Arab Jamahiriya
 Liechtenstein Lithuania
 Luxembourg Macao
 Macedonia, the former Yugoslav Republic
 of Madagascar Malawi
 Malaysia Maldives
 Mali Malta Marshall Islands
 Martinique Mauritania

- Mauritius
- Mayotte
- Mexico
- Micronesia, Federated States of
- Moldova, Republic of
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territory, Occupied
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Qatar
- Ré union
- Romania
- Russian Federation
- Rwanda
- Saint Barthélemy
- Saint Helena, Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin (French part)
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Swaziland
- Sweden
- Switzerland
- Syrian Arab Republic
- Taiwan, Province of China
- Tajikistan
- Tanzania, United Republic of
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela, Bolivarian Republic of
- Vietnam
- Virgin Islands, British
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

Gender

- Female
- Male
- Other

Ethnicity

White (Europe, Russia, Middle East, North Africa, U.S.A., Canada, Australia)
 Black - African
 Afro Caribbean
 African American
 Asian-Chinese
 South Asian (India, Pakistan, Sri Lanka, Nepal, Bhutan, Bangladesh)
 Asian-other (Korea, China north of Huai River)
 Japanese
 Hispanic or Latino
 Unknown
 other

Please specify other ethnicity

Occupation

Weight

(kilograms)

Height

(centimetres)

Calculated BMI

(kg/m²)

Psoriasis

Psoriasis phenotype (check all that apply)

- Plaque
 Pustular
 Erythroderma

Pustular psoriasis phenotype

- Generalized pustular psoriasis
 Palmoplantar pustulosis
 Acrodermatitis continua of Hallopeau

Age of onset of psoriasis

(years)

Psoriatic arthritis

- Yes No Unknown

Physician Global Assessment (PGA) recorded closest to COVID-19 onset

- Clear
 Nearly clear
 Mild
 Moderate
 Moderate-severe
 Severe

Date of PGA (as recorded above). If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

PASI score closest to COVID-19 onset

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

(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.

(DD-MM-YYYY)

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

- Improved
 Worsened
 Remained same
 Unknown

Please detail changes in psoriasis (e.g. change in PGA, phenotype) and timing of these changes

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 4 weeks of COVID-19 onset)? (check all that apply)

- 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

Methotrexate questions

Methotrexate - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Methotrexate - Dose of treatment?

(2.5 to 30.0 mg (note one decimal point required e.g. 20.0))

Methotrexate - Intended dosing interval Weekly Other

Methotrexate - Please specify intended dosing interval _____

Methotrexate - Medication stopped during COVID-19? Yes No Unknown

Methotrexate - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Methotrexate - Was the medication restarted? Yes No Unknown

Methotrexate - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Cyclosporin questions

Cyclosporin - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Cyclosporin - Dose of treatment?

(0 - 750 mg)

Cyclosporin - Intended dosing interval Daily Other

Cyclosporin - Please specify intended dosing interval _____

Cyclosporin - Medication stopped during COVID-19? Yes No Unknown

Cyclosporin - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Cyclosporin - Was the medication restarted? Yes No Unknown

Cyclosporin - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Acitretin questions

Acitretin - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Acitretin - Dose of treatment?

(5 - 100 mg)

Acitretin - Intended dosing interval	<input type="radio"/> Daily <input type="radio"/> Other
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Acitretin - Please specify intended dosing interval	_____
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Acitretin - Medication stopped during COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Acitretin - Last administered dose. If exact date not known, please give most accurate estimate.	_____ (DD-MM-YYYY)
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Acitretin - Was the medication restarted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Acitretin - What date was the medication restarted? If exact date not known, please give most accurate estimate.	_____ (DD-MM-YYYY)
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Fumaric acid esters questions

Fumaric acid esters - Start date of treatment? If exact date not known, please give most accurate estimate.	_____ (DD-MM-YYYY)
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Fumaric acid esters - Dose of treatment?	_____ (30 - 720 mg)
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Fumaric acid esters - Intended dosing interval	<input type="radio"/> Daily <input type="radio"/> Other
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Fumaric acid eaters - Please specify intended dosing interval	_____
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Fumaric acid esters - Medication stopped during COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Fumaric acid esters - Last administered dose. If exact date not known, please give most accurate estimate.	_____ (DD-MM-YYYY)
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Fumaric acid esters - Was the medication restarted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Fumaric acid esters - What date was the medication restarted? If exact date not known, please give most accurate estimate.	_____ (DD-MM-YYYY)
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Apremilast questions

Apremilast - Start date of treatment? If exact date not known, please give most accurate estimate.	_____ (DD-MM-YYYY)
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Apremilast - Dose of treatment?	<input type="radio"/> 30mg <input type="radio"/> Other
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Apremilast - Please specify dose of treatment

(5 - 60 mg)

Apremilast - Intended dosing interval

Twice daily Other

Apremilast - Please specify intended dosing interval

Apremilast - Medication stopped during COVID-19?

Yes No Unknown

Apremilast - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Apremilast - Was the medication restarted?

Yes No Unknown

Apremilast - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Etanercept questions

Etanercept - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Etanercept - Dose of treatment?

25mg 50mg Other

Etanercept - Please specify dose of treatment

(mg)

Etanercept - Intended dosing interval

Weekly Twice weekly
 Other

Etanercept - Please specify intended dosing interval

Etanercept - Medication stopped during COVID-19?

Yes No Unknown

Etanercept - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Etanercept - Was the medication restarted?

Yes No Unknown

Etanercept - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Infliximab questions

Infliximab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Infliximab - Dose of treatment?

5mg/kg Other

Infliximab - Please specify dose of treatment

(mg/kg)

Infliximab - Intended dosing interval

Every 6 weeks Every 8 weeks
 Other

Infliximab - Please specify intended dosing interval

Infliximab - Medication stopped during COVID-19?

Yes No Unknown

Infliximab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Infliximab - Was the medication restarted?

Yes No Unknown

Infliximab - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Adalimumab questions

Adalimumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Adalimumab - Dose of treatment?

40mg Other

Adalimumab - Please specify dose of treatment

(mg)

Adalimumab - Intended dosing interval

Fortnightly Weekly
 Other

Adalimumab - Please specify intended dosing interval

Adalimumab - Medication stopped during COVID-19?

Yes No Unknown

Adalimumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Adalimumab - Was the medication restarted?

Yes No Unknown

Adalimumab - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

_____ (DD-MM-YYYY)

Golimumab questions

Golimumab - Start date of treatment? If exact date not known, please give most accurate estimate.

_____ (DD-MM-YYYY)

Golimumab - Dose of treatment?

50mg 100mg Other

Golimumab - Please specify dose of treatment

_____ (mg)

Golimumab - Intended dosing interval

Monthly Other

Golimumab - Please specify intended dosing interval

Golimumab - Medication stopped during COVID-19?

Yes No Unknown

Golimumab - Last administered dose. If exact date not known, please give most accurate estimate.

_____ (DD-MM-YYYY)

Golimumab - Was the medication restarted?

Yes No Unknown

Golimumab - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

_____ (DD-MM-YYYY)

Certolizumab pegol questions

Certolizumab pegol - Start date of treatment? If exact date not known, please give most accurate estimate.

_____ (DD-MM-YYYY)

Certolizumab pegol - Dose of treatment?

200mg 400mg Other

Certolizumab pegol - Please specify dose of treatment

_____ (mg)

Certolizumab pegol - Intended dosing interval

Fortnightly Other

Certolizumab pegol - Please specify intended dosing interval

Certolizumab pegol - Medication stopped during COVID-19?

Yes No Unknown

Certolizumab pegol - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Certolizumab pegol - Was the medication restarted?

Yes No Unknown

Certolizumab pegol - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Ustekinumab questions

Ustekinumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Ustekinumab - Dose of treatment?

45mg 90mg Other

Ustekinumab - Please specify dose of treatment

(mg)

Ustekinumab - Intended dosing interval

Every 8 weeks Every 12 weeks
 Other

Ustekinumab - Please specify intended dosing interval

Ustekinumab - Medication stopped during COVID-19?

Yes No Unknown

Ustekinumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Ustekinumab - Was the medication restarted?

Yes No Unknown

Ustekinumab - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Secukinumab questions

Secukinumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Secukinumab - Dose of treatment?

150mg 300mg Other

Secukinumab - Please specify dose of treatment

(mg)

Secukinumab - Intended dosing interval

Monthly Other

Secukinumab - Please specify intended dosing interval

Secukinumab - Medication stopped during COVID-19?

Yes No Unknown

Secukinumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Secukinumab - Was the medication restarted?

Yes No Unknown

Secukinumab - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Ixekizumab questions

Ixekizumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Ixekizumab - Dose of treatment?

80mg Other

Ixekizumab - Please specify dose of treatment

(mg)

Ixekizumab - Intended dosing interval

Every 2 weeks Every 4 weeks
 Other

Ixekizumab - Please specify intended dosing interval

Ixekizumab - Medication stopped during COVID-19?

Yes No Unknown

Ixekizumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Ixekizumab - Was the medication restarted?

Yes No Unknown

Ixekizumab - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Brodalumab questions

Brodalumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Brodalumab - Dose of treatment?

210mg Other

Brodalumab - Please specify dose of treatment

(mg)

Brodalumab - Intended dosing interval

Fortnightly Other

Brodalumab - Please specify intended dosing interval

Brodalumab - Medication stopped during COVID-19?

Yes No Unknown

Brodalumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Brodalumab - Was the medication restarted?

Yes No Unknown

Brodalumab - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Guselkumab questions

Guselkumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Guselkumab - Dose of treatment?

100mg Other

Guselkumab - Please specify dose of treatment

(mg)

Guselkumab - Intended dosing interval

Every 8 weeks Other

Guselkumab - Please specify intended dosing interval

Guselkumab - Medication stopped during COVID-19?

Yes No Unknown

Guselkumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Guselkumab - Was the medication restarted?

Yes No Unknown

Guselkumab - What date was the medication restarted?
If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Tildrakizumab questions

Tildrakizumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Tildrakizumab - Dose of treatment? 100mg 200mg Other

Tildrakizumab - Please specify dose of treatment

(mg)

Tildrakizumab - Intended dosing interval

Every 12 weeks Other

Tildrakizumab - Please specify intended dosing interval

Tildrakizumab - Medication stopped during COVID-19?

Yes No Unknown

Tildrakizumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Tildrakizumab - Was the medication restarted?

Yes No Unknown

Tildrakizumab - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Risankizumab questions

Risankizumab - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Risankizumab - Dose of treatment?

150mg Other

Risankizumab - Please specify dose of treatment

(mg)

Risankizumab - Intended dosing interval

Every 12 weeks Other

Risankizumab - Please specify intended dosing interval

Risankizumab - Medication stopped during COVID-19?

Yes No Unknown

Risankizumab - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Risankizumab - Was the medication restarted?

Yes No Unknown

Risankizumab - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Prednisolone questions

Prednisolone - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Prednisolone - Dose of treatment?

(0 - 80 mg)

Prednisolone - Intended dosing interval

Daily Other

Prednisolone - Please specify intended dosing interval

Prednisolone - Medication stopped during COVID-19?

Yes No Unknown

Prednisolone - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Prednisolone - Was the medication restarted?

Yes No Unknown

Prednisolone - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Dexamethasone questions

Dexamethasone - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Dexamethasone - Dose of treatment?

(0 - 50 mg)

Dexamethasone - Intended dosing interval

Daily Other

Dexamethasone - Please specify intended dosing interval

Dexamethasone - Medication stopped during COVID-19?

Yes No Unknown

Dexamethasone - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Dexamethasone - Was the medication restarted?

Yes No Unknown

Dexamethasone - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Other questions

Systemic/biologic medication given

[patient_med_other] - Start date of treatment? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

[patient_med_other] - Dose of treatment (with unit)?

[patient_med_other] - Intended dosing interval

[patient_med_other] - Medication stopped during COVID-19?

Yes No Unknown

[patient_med_other] - Last administered dose. If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

[patient_med_other] - Was the medication restarted?

Yes No Unknown

[patient_med_other] - What date was the medication restarted? If exact date not known, please give most accurate estimate.

(DD-MM-YYYY)

Patient comorbidities

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

- 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 (BMI of 30 or more)
- AIDS/HIV
- Dementia
- Inflammatory Bowel Disease
- Organ transplant recipient
- Rheumatologic or connective tissue diseases (excluding psoriatic arthritis)
- Pulmonary hypertension
- Anxiety
- Depression
- Other - free text
- None

Please specify type of cancer

Please specify type of rheumatologic or connective tissue disease

Please specify patient coexisting disorder at time of suspected or confirmed COVID-19 infection?

At time of COVID-19 was the patient pregnant? Yes No Unknown

Number of weeks gestation

At the time of COVID-19 was the patient post-partum (< 6 weeks)? Yes No Unknown

Smoking status of patient

Current smoker
 Former smoker
 Never smoked
 Unknown

Does the patient currently use e-cigarettes or vape? Yes No Unknown

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 e.g. Benazepril, Lisinopril, Ramipril	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Angiotensin-receptor blocker e.g. Candesartan, Losartan, Irbesartan, Valsartan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Nonsteroidal anti-inflammatory drug (NSAID) e.g. Diclofenac, Ibuprofen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 PDE5 inhibitor e.g. Sildenafil (Viagra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Other - free text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other medication patient was taking at the time of COVID-19?

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

General - sign and symptoms patient suffered from?
(check all that apply)

- Fever
- Muscle aches (Myalgia)
- Joint pain (Arthralgia)
- Fatigue (Malaise)
- Conjunctivitis
- Lymphadenopathy
- Bleeding (Hemorrhage)

Cardiorespiratory - signs and symptoms patient suffered from. (check all that apply)

- Dry continuous cough
- Cough with sputum production
- Bloody sputum (hemoptysis)
- Sore throat
- Runny nose (Rhinorrhea)
- Wheezing
- Chest pain
- Shortness of breath (Dyspnea)

Neurological - signs and symptoms the patient suffered from. (check all that apply)

- Headache
- Altered consciousness
- Confusion
- Seizures

ENT - signs and symptoms patient suffered from.
(check all that apply)

- Ear pain
- Anosmia (loss of smell)
- Dysgeusia (disturbance in sense of taste)

Gastrointestinal - signs and symptoms patient suffered from. (check all that apply)

- Abdominal pain
- Vomiting
- Nausea
- Diarrhoea

Please specify which signs and symptoms the patient suffered from at the time of COVID-19?

Have the symptoms resolved?

- Yes No Not applicable

Number of days of symptoms from COVID-19?

(days)

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

- Yes No Unknown

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

- Yes No Unknown

Region of hospital Not applicable North East and North Cumbria North West Coast Yorkshire and Humber Greater Manchester East Midlands West Midlands West of England Thames Valley and South Midlands Eastern Surrey and Sussex Wessex South West Peninsula North Thames South London North West London Northern Ireland Scotland Wales

Region of hospital _____

Was the patient hospitalized? Yes No Unknown

Region of hospital Not applicable North East and North Cumbria North West Coast Yorkshire and Humber Greater Manchester East Midlands West Midlands West of England Thames Valley and South Midlands Eastern Surrey and Sussex Wessex South West Peninsula North Thames South London North West London Northern Ireland Scotland Wales

Did the patient participate in the UK Government shielding protection scheme? Yes No

Region of hospital _____

Length of stay _____

(days)

What was the maximum level of care required during the illness? (check all that apply)

Did not require supplemental oxygen
 Required oxygen by mask or nasal prongs
 Required oxygen by non-invasive ventilation or high flow oxygen devices
 Required intubation and mechanical ventilation
 Required ECMO
 Ventilation required, but type unknown
 Interventions unknown
 Other - free text

Please specify the maximum level of care required during the illness? _____

Did the patient have any immediate complications? Yes No Unknown

Did the patient have any dermatological complications? Yes No Unknown

Please specify dermatological complications?

What other complications did the patient suffer from?
(check all that apply)

- Viral pneumonitis
- Bacterial pneumonia
- Acute Respiratory Distress Syndrome
- Pneumothorax
- Pleural effusion
- Cryptogenic organizing pneumonia (COP)
- Bronchiolitis
- Meningitis or Encephalitis
- Seizure
- Stroke or Cerebrovascular accident
- Congestive heart failure
- Endocarditis or Myocarditis or Pericarditis
- Cardiac arrhythmia
- Cardiac ischaemia
- Cardiac arrest
- Bacteremia
- Coagulation disorder or Disseminated Intravascular Coagulation
- Anaemia
- Rhabdomyolysis or Myositis
- Acute renal injury or Acute renal failure
- Gastrointestinal haemorrhage
- Pancreatitis
- Liver dysfunction
- Hyperglycemia
- Hypoglycemia
- Other - Free text

Please specify what other complications the patient suffered from?

Please specify severity of Acute Respiratory Distress Syndrome

- Mild
- Moderate
- Severe
- Unknown

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

- No medications and/or investigational therapies used
- Remdesivir
- Chloroquine
- Hydroxychloroquine
- Oseltamivir
- Lopinavir + ritonavir
- Tocilizumab
- Corticosteroids
- Interferon beta-1a
- Unknown
- Other - free text

Please specify what treatment (including investigational therapy) was commenced for COVID-19?

Blood counts

Lymphocyte count

_____ (one decimal place required e.g. 6.0)

Lymphocyte date

_____ (DD-MM-YYYY)

Neutrophil count

_____ (one decimal place required e.g. 6.0)

Neutrophil date

_____ (DD-MM-YYYY)

Neutrophil/lymphocyte ratio

WCC

_____ (one decimal place required e.g. 6.0)

WCC date

_____ (DD-MM-YYYY)

CRP

_____ (one decimal place required e.g. 6.0)

CRP date

_____ (DD-MM-YYYY)

Platelet count

_____ (one decimal place required e.g. 6.0)

Platelet count date

_____ (DD-MM-YYYY)

Clinical outcome

What was the clinical outcome?

- Death
 Recovery
 Any chronic complication
-

Death date. If exact date not known, please give most accurate estimate.

Recorded cause of death

Please specify any chronic complication

Other registries

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

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

- 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

AMC Psoriasis Registry (Netherlands)

Australasian Psoriasis Registry (Australia)

BADBIR (UK and Ireland)

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PSOCARE or PSODIT (Italy)

PSOLAR (International)

PsoRA (Austria)

 PsoReg (Sweden)

 Registry of Slovenian Psoriasis Patients (Slovenia)

 SDNTT (Switzerland)

 Other - free text

 No

Please specify registry name and country

Do you also enter data into any of the following COVID-19 registries?

 SECURE-AD AAD COVID-19 Dermatology Registry Other - free text None

Please specify what other COVID-19 registry you enter data into?

Email updates

Would you like to receive email updates on this, and future studies? We will not use this email for any other purpose, and you can opt out at any time by contacting us as at psoprotect@kcl.ac.uk. Your email contact will be stored safely and will not be provided to any other third parties.

Yes No