

NATIONAL DERMATOLOGY REGISTRY (DermReg)

Malaysian Psoriasis Registry Case Report Form

CONFIDENTIAL

For Office Use only:

ID:

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one button only.

Doctor's Name :	<input style="width: 80%;" type="text"/>
Name of Institution :	<input style="width: 80%;" type="text"/>

SECTION 1 : DEMOGRAPHIC DETAILS

1. Patient visit date: (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	2. Type of visit:	<input type="radio"/> New Case	<input type="radio"/> Follow - Up
3. Name of patient:	<input style="width: 90%;" type="text"/>			
4. NRIC:	MyKad/MyKid: <input type="text"/> - <input type="text"/> - <input type="text"/>	Old IC: <input type="text"/>		
	Other ID document No : <input type="text"/>		Specify type of ID :	
# 5. Address:	Town / City: <input type="text"/>	State: <input type="text"/>		
# 6. Contact Number:	Home: <input type="text"/> - <input type="text"/>	H/P: <input type="text"/> - <input type="text"/>		
# 7. Gender:	<input type="radio"/> Male <input type="radio"/> Female			
# 8. Date of birth: (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Estimated/presumed year	If the exact date is not known, please enter 01/07/yyyy & check the estimated / presumed year box.	
# 9. Ethnic group:	<input type="radio"/> Malay <input type="radio"/> Orang Asli Semenanjung <input type="radio"/> Kadazan <input type="radio"/> Melanau <input type="radio"/> Bidayuh <input type="radio"/> Chinese <input type="radio"/> Bajau <input type="radio"/> Murut <input type="radio"/> Kedayan <input type="radio"/> Other Bumiputera Sarawak <input type="radio"/> Indian <input type="radio"/> Dusun <input type="radio"/> Other Bumiputera Sabah <input type="radio"/> Iban <input type="radio"/> Others			
# 10. Nationality:	<input type="radio"/> Malaysian <input type="radio"/> Non-Malaysian, specify:			
# 11. Marital status:	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed			
# 12. Occupation:	<input type="radio"/> Agriculture & Fisheries <input type="radio"/> Legal <input type="radio"/> Oil & Gas <input type="radio"/> Transportation <input type="radio"/> Education <input type="radio"/> Art & Talent <input type="radio"/> Manufacturing <input type="radio"/> Service <input type="radio"/> Building & Construction <input type="radio"/> Others <input type="radio"/> Information Technology <input type="radio"/> Mining <input type="radio"/> Telecommunication <input type="radio"/> Medical & Health			
# 13. Monthly income:	<input type="radio"/> No Income <input type="radio"/> RM 500 – RM 1000 <input type="radio"/> RM 1501 – RM 3000 <input type="radio"/> RM 5001 – RM 10000 <input type="radio"/> > RM 15000 <input type="radio"/> < RM 500 <input type="radio"/> RM 1001 – RM 1500 <input type="radio"/> RM 3001 – RM 5000 <input type="radio"/> RM 10001 – RM 15000			

SECTION 2 : MEDICAL HISTORY

1. Age when # psoriasis started:	<input type="text"/>	2. Age when psoriasis # diagnosed:	<input type="text"/>
3. Family member(s) # with psoriasis:	<input type="radio"/> No <input type="radio"/> Yes → <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Other relative, specify: (if YES, please tick ONE or MULTIPLE) <input type="checkbox"/> Mother <input type="checkbox"/> Children		
4. Aggravating factors:	<input type="radio"/> No <input type="radio"/> Yes → <input type="checkbox"/> Infection : <input type="checkbox"/> Stress <input type="checkbox"/> Alcohol (if YES, please tick ONE or MULTIPLE of the following) <input type="checkbox"/> Drugs : <input type="checkbox"/> Sunburn <input type="checkbox"/> Pregnancy <input type="checkbox"/> Topical Rx : <input type="checkbox"/> Hypocalcaemia <input type="checkbox"/> Trauma <input type="checkbox"/> Other, specify: <input type="checkbox"/> Smoking		
5. Disease burden in the last 6 months:	a) No. of clinic visits due to psoriasis :	<input type="text"/>	(enter 0 if none)
	b) No. of days off work / school due to psoriasis :	<input type="text"/>	(enter 0 if none) <input type="checkbox"/> Not applicable
	c) No. of hospital admissions due to psoriasis :	<input type="text"/>	(enter 0 if none)
6. Comorbidities:	a) Ischaemic heart disease :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	b) Cerebrovascular disease (stroke) :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	c) Diabetes mellitus :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	d) Hypertension :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	e) Hyperlipidaemia :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	f) Depression :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	g) Fatty Liver (NAFLD) :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	h) HIV / AIDS :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	i) Inflammatory bowel disease (if YES, please tick ONE) →	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
	j) Malignancy, specify :	<input type="radio"/> Yes <input type="radio"/> No	Age at diagnosis <input type="text"/>
7. Pregnancy:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Applicable		
8. Cigarette smoking:	<input type="radio"/> Never smoked <input type="radio"/> Ex-smoker <input type="radio"/> Current smoker → <input type="text"/> cigarettes per day		
9. Substance use:	<input type="radio"/> No <input type="radio"/> Yes → <input type="checkbox"/> Alcohol <input type="checkbox"/> Illicit drugs, specify: (if YES, please tick ONE or MULTIPLE) <input type="checkbox"/> Vape		

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SECTION 3 : CLINICAL EXAMINATION

1. a) Height:	<input type="text"/>	(cm)	b) Weight:	<input type="text"/>	(kg)	c) Waist circumference:	<input type="text"/>	(cm)	
2. Symptoms	a) Itch <input type="radio"/> Yes <input type="radio"/> No		b) Pain <input type="radio"/> Yes <input type="radio"/> No						
3. Type of Psoriasis:	<i>(Please select ONE predominant type)</i> <input type="radio"/> Plaque <input type="radio"/> Guttate <input type="radio"/> Erythrodermic <input type="radio"/> Flexural / Inverse <input type="radio"/> Generalised pustular <input type="radio"/> Localised pustular <input checked="" type="radio"/> Palmoplantar pustulosis <input type="radio"/> Palmoplantar non-pustular <input type="radio"/> Acrodermatitis of Hallopeau								
4. Severity:	a) Body surface area involved:		<input type="text"/>	(%)					
	b) PASI evaluation:								
	Body region	Plaque characteristic <i>0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe</i>						Percentage involvement of each body region	
		Erythema	Thickness	Scaling					
	Head	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> None <input type="radio"/> 30 - 49% <input type="radio"/> 90 - 100% <input type="radio"/> 1 - 9% <input type="radio"/> 50 - 69% <input type="radio"/> 10 - 29% <input type="radio"/> 70 - 89%				
Upper limbs	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> None <input type="radio"/> 30 - 49% <input type="radio"/> 90 - 100% <input type="radio"/> 1 - 9% <input type="radio"/> 50 - 69% <input type="radio"/> 10 - 29% <input type="radio"/> 70 - 89%					
Trunk	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> None <input type="radio"/> 30 - 49% <input type="radio"/> 90 - 100% <input type="radio"/> 1 - 9% <input type="radio"/> 50 - 69% <input type="radio"/> 10 - 29% <input type="radio"/> 70 - 89%					
Lower limbs	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> None <input type="radio"/> 30 - 49% <input type="radio"/> 90 - 100% <input type="radio"/> 1 - 9% <input type="radio"/> 50 - 69% <input type="radio"/> 10 - 29% <input type="radio"/> 70 - 89%					
5. Nail involvement:	<input type="radio"/> No <input checked="" type="radio"/> Yes		<input type="checkbox"/> Pitting		<input type="checkbox"/> Subungual hyperkeratosis		<input type="checkbox"/> Discolouration		
<i>(if YES, please tick ONE or MULTIPLE)</i>									
			<input type="checkbox"/> Onycholysis		<input type="checkbox"/> Total nail dystrophy				
6. Joint Disease:	<input type="radio"/> No <input checked="" type="radio"/> Yes								
	a) Under care of rheumatologist:		<input type="radio"/> No <input type="radio"/> Yes						
	b) Symptomatic:	<input type="radio"/> No <input type="radio"/> Yes		Morning stiffness		<input type="radio"/> No <input type="radio"/> Yes			
				Pain		<input type="radio"/> No <input type="radio"/> Yes			
				Swelling		<input type="radio"/> No <input type="radio"/> Yes			
	c) Enthesitis / Dactylitis		<input type="radio"/> No <input type="radio"/> Yes						
	d) Type:-	1. Oligo- / Monoarthropathy		<input type="radio"/> No <input type="radio"/> Yes					
2. Distal hand joints arthropathy		<input type="radio"/> No <input type="radio"/> Yes							
3. Symmetrical polyarthropathy (Rheumatoid-like)		<input type="radio"/> No <input type="radio"/> Yes							
4. Spondylitis / Sacroiliitis		<input type="radio"/> No <input type="radio"/> Yes							
5. Arthritis mutilans		<input type="radio"/> No <input type="radio"/> Yes							
e) Deformity:		<input type="radio"/> No <input type="radio"/> Yes, specify:							
7. Special sites:	<input type="radio"/> Face		<input type="radio"/> Genital		<input type="radio"/> Scalp		<input type="radio"/> Tongue		
<input type="radio"/> Eye, specify: <input type="radio"/> No									

SECTION 4 : TREATMENT RECEIVED IN THE PAST 6 MONTHS

1. Topical therapy:	a) Tar preparation	<input type="radio"/> No <input type="radio"/> Yes	e) Topical steroid	<input type="radio"/> No <input type="radio"/> Yes
	b) Vitamin D analogue e.g calcipotriol	<input type="radio"/> No <input type="radio"/> Yes	f) Keratolytic e.g salicylic acid	<input type="radio"/> No <input type="radio"/> Yes
	c) Topical calcineurin inhibitor	<input type="radio"/> No <input type="radio"/> Yes	g) Calcipotriol with betamethasone dipropionate	<input type="radio"/> No <input type="radio"/> Yes
	d) Dithranol (anthralin)	<input type="radio"/> No <input type="radio"/> Yes	h) Emollient	<input type="radio"/> No <input type="radio"/> Yes
2. Phototherapy	<input type="radio"/> No <input checked="" type="radio"/> Refused <input type="checkbox"/> Not indicated <input type="checkbox"/> Adverse effect <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failure <input type="checkbox"/> Others, specify: <input checked="" type="radio"/> Yes <input type="checkbox"/> BB-UVB <input type="checkbox"/> Oral PUVA <input type="checkbox"/> Topical PUVA <input type="checkbox"/> Others, specify: :- <i>(if YES, please tick ONE or MULTIPLE)</i> <input type="checkbox"/> NB-UVB <input type="checkbox"/> Bath PUVA <input type="checkbox"/> Excimer laser			
	3. Systemic therapy:	<input type="radio"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not indicated <input type="checkbox"/> Adverse effect <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failure <input type="checkbox"/> Others, specify: <input checked="" type="radio"/> Yes <input type="checkbox"/> Oral Methotrexate <input type="radio"/> No <input type="radio"/> Yes		
b) Parenteral Methotrexate		<input type="radio"/> No <input type="radio"/> Yes	f) Biologics, specify	<input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/>
c) Acitretin		<input type="radio"/> No <input type="radio"/> Yes		
d) Sulphasalazine		<input type="radio"/> No <input type="radio"/> Yes		
e) Cyclosporine		<input type="radio"/> No <input type="radio"/> Yes	g) Systemic corticosteroids	<input type="radio"/> No <input type="radio"/> Yes

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SECTION 5 : QUALITY OF LIFE

1. Quality of Life

Please instruct and assist patient in completing the attached DLQI form

Matlamat soal selidik ini ialah untuk mengukur sejauh manakah masalah kulit anda telah menjejaskan hidup anda SEPANJANG MINGGU LEPAS. The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK.

本问卷旨在测量您的皮肤问题在过去一周里有多么影响您的生活。

Sila tandakan "✓" pada satu kotak bagi setiap soalan / Please tick "✓" one box for each question. 每一道问题，请勾选"✓"一个格子。		DLQI Score <input type="text"/>			Auto calculated
Sepanjang Minggu Lepas ... OVER THE LAST WEEK ... 在过去一周...	Sangat Banyak Very much 非常多的	Banyak A lot 相当多的	Sedikit A little 有点	Tiada sama sekali Not at all 完全没有	Tidak Berkaitan Not Relevant 不相关
1) Sepanjang minggu lepas, sejauh manakah rasa gatal, pedih, sakit atau mencucuk yang dialami pada kulit anda? Over the last week, how itchy, sore, painful or stinging has your skin been? 在过去一周，您的皮肤有多么痒、疼痛、刺痛或触碰时有多痛？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2) Sepanjang minggu lepas, sejauh manakah anda berasa malu disebabkan kulit anda? Over the last week, how embarrassed or self conscious have you been because of your skin? 在过去一周，您的皮肤多么令您觉得尴尬或不自在？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3) Sepanjang minggu lepas, sejauh manakah keadaan kulit anda mengganggu anda membeli-belah atau semasa menguruskan rumah atau taman anda? Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden? 在过去一周，您的皮肤有多么干扰您出去购物或打理家务或花园？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Sepanjang minggu lepas, sejauh manakah keadaan kulit anda mempengaruhi pakaian yang anda pakai? Over the last week, how much has your skin influenced the clothes you wear? 在过去一周，您的皮肤有多么影响您的穿着？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Sepanjang minggu lepas, sejauh manakah keadaan kulit anda menjejaskan sebarang aktiviti sosial atau riadah anda? Over the last week, how much has your skin affected any social or leisure activities? 在过去一周，您的皮肤有多么影响任何社交或休闲活动？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Sepanjang minggu lepas, sejauh manakah keadaan kulit anda menyukarkan anda untuk melakukan sebarang aktiviti sukan? Over the last week, how much has your skin made it difficult for you to do any sport? 在过去一周，您的皮肤有多么令您难以进行任何体育活动？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Sepanjang minggu lepas, adakah keadaan kulit anda menghalang anda daripada bekerja atau belajar? Over the last week, has your skin prevented you from working or studying? 在过去一周，您的皮肤有阻止到您的工作或学业吗？ <input type="checkbox"/> Ya Yes 有 <input type="checkbox"/> Tidak No 没有 <input type="checkbox"/> Tidak Berkaitan Not Relevant 不相关		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
* Jika "Tidak", sepanjang minggu lepas, sejauh manakah keadaan kulit anda menjadi masalah semasa bekerja atau belajar? If "No", over the last week how much has your skin been a problem at work or studying? 如果"没有"，在过去一周，您的皮肤对您的工作或学业造成多大的问题？		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8) Sepanjang minggu lepas, sejauh manakah keadaan kulit anda menimbulkan masalah dengan pasangan anda, atau mana-mana kawan rapat atau saudara-mara anda? Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives? 在过去一周，您的皮肤对您的伴侣或至亲好友造成多大的问题？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Sepanjang minggu lepas, sejauh manakah keadaan kulit anda menyebabkan sebarang masalah seksual? Over the last week, how much has your skin caused any sexual difficulties? 在过去一周，您的皮肤给您带来多少性生活上的困扰？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Sepanjang minggu lepas, sejauh manakah masalah berlaku disebabkan oleh rawatan untuk kulit anda, misalnya menyebabkan rumah anda bersepeh dan kotor atau mengambil masa yang banyak? Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time? 在过去一周，您皮肤的治疗给您带来多少麻烦，例如导致您的家居凌乱或霸占您的时间？	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sila semak sama ada SETIAP soalan telah dijawab. Terima kasih.
Please check you have answered EVERY question. Thank you.
请确保您已回答每一道问题。谢谢。

