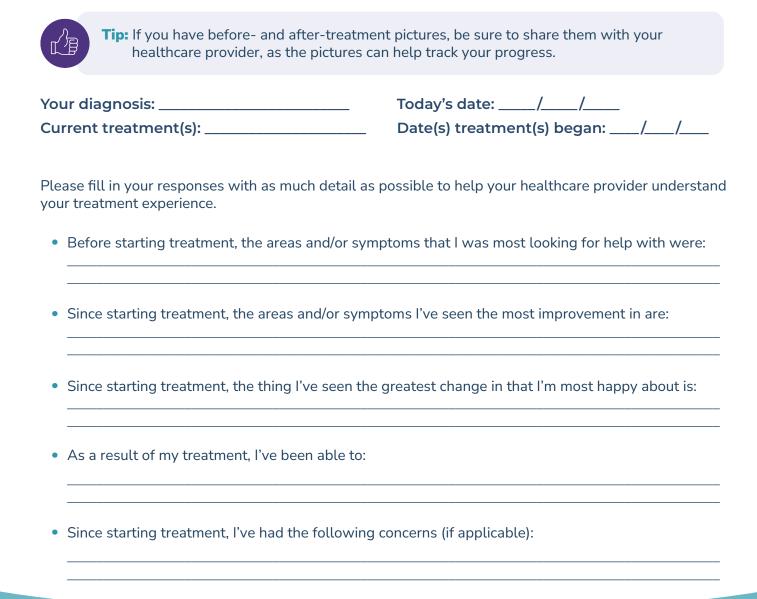


Share your progress and manage your symptoms

Your feedback is valuable. The more detailed that feedback is, the more it can help your healthcare provider see whether your current treatment is right for you.

Please fill out this form and share it with your healthcare provider at your next appointment.



Rate the below on a scale of 1-5 (1 : strongly disagree, 2 : somewhat disagree, 3 : neutral, 4 : agree, 5 : strongly agree):
Before starting treatment, I spent a lot of time managing my disease:
• Since starting treatment, I now spend a lot of time managing my disease:
• I experienced side effects at the beginning of my treatment (i.e. first 1-3 months):
If I experienced side effects, I'm glad that I continued taking my treatment:
I've found that the side effects of treatment have become manageable over time:
This treatment has become a part of my daily routine, and I remember to take it every day:
Overall, I am satisfied with my treatment and would recommend it for other patients who have symptoms like me:
I wish I would have started my treatment sooner:
f you have plaque psoriasis , please answer this question.
• Since starting treatment, I've seen improvement in my skin, scalp, and/or nail symptoms:
f you have psoriatic arthritis , please answer this question:
Since starting treatment, I've noticed less joint pain:

Discuss this completed form with your healthcare provider at your next appointment. It's helpful for them to hear how your treatment is going!

