Psoriasis (Pso) progress tracker sheet



This is a conversation starter to be used when speaking to your doctor. It is not a medically validated tool and does not take the place of a medical assessment.

How are you feeling today?	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
What's your mood like?							
How painful are your Pso symptoms?							
What percentage of your body surface covered with Pso lesions? 1 hand = 1%1							
Has your Pso stopped you doing anything today? Y/N							
Did you have trouble sleeping last night because of your Pso? Y/N							
Have you used any Pso treatment today? Y/N							
Have you felt any side effects from your treatment today? Y/N							
If yes, what did you experience?							
Have you taken any other medicine today? Y/N							
If yes, what have you taken?							
Have you noticed anything that you think triggers your Pso symptoms? Y/N							
If yes, what do you think it was?							

