

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?							

1.National Psoriasis Foundation. About Psoriasis. Available at: <https://www.psoriasis.org/about-psoriasis>. Accessed June 2020.