

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?  | Mon              | Tue              | Wed              | Thu              | Fri              | Sat              | Sun              |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| What's your mood like?  | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> |
| How painful are your PsO symptoms?  | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> | <div>😊 😐 😞</div> |
| What percentage of your body surface covered with PsO lesions? 1 hand = 1% <sup>1</sup> |                  |                  |                  |                  |                  |                  |                  |
| Has your PsO stopped you doing anything today?  | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   |
| Did you have trouble sleeping last night because of your PsO?                           | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   |
| Have you used any PsO treatment today?  | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   |
| Have you felt any side effects from your treatment today?                               | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   |
| If yes, what did you experience?  |                  |                  |                  |                  |                  |                  |                  |
| Have you taken any other medicine today?  | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   |
| If yes, what have you taken?  |                  |                  |                  |                  |                  |                  |                  |
| Have you noticed anything that you think triggers your PsO symptoms?                    | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   | <div>Y N</div>   |
| If yes, what do you think it was?   |                  |                  |                  |                  |                  |                  |                  |