

**Psoriasis Patient Satisfaction Research**  
**July 26, 2016**

**SCREENER SECTION**

S1. To begin, please indicate the month and year you were born.

Month: [\[PROVIDE DROP DOWN MENU\]](#)

Year: [\[PROVIDE DROP DOWN MENU, RANGE IS 1930 TO 2015\]](#)

[\[TERMINATE IF RESPONDENT IS <18 BASED ON THE CURRENT DATE BEING AUGUST 2016\]](#)

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S2. Are you ....?

1	Male
2	Female

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S2a. Which province do you live in?

[\[DO NOT RANDOMIZE ROWS\]](#)

1	British Columbia
2	Alberta
3	Saskatchewan
4	Manitoba
5	Ontario
6	Quebec
7	New Brunswick
8	Nova Scotia
9	Prince Edward Island
10	Newfoundland and Labrador
11	Northwest Territories
12	Yukon
13	Nunavut

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S3a. Do you have any of the following...?

*Please review the list carefully, and select all that apply*

[\[RANDOMIZE ROWS\]](#)

1	High blood pressure	
2	Diabetes	
3	Depression	
4	Crohn's Disease	
5	Ulcerative Colitis	
6	Cancer	
7	Metabolic syndrome	
8	Obesity	
9	Osteoporosis	
10	Uveitis - inflammatory disease of the eye	
11	Liver disease	
12	Kidney disease	
13	Psoriasis	[TERMINATE IF NOT SELECTED]
14	Enlarged prostate/ Benign Prostatic Hyperplasia (BPH)	[TERMINATE IF SELECTED AND 'FEMALE' SELECTED AT S2]
15	Ovarian Cysts	[TERMINATE IF SELECTED AND 'MALE' SELECTED AT S2]
98	None of the above [EXCLUSIVE, ANCHOR]	

[IF ALL 1-15 SELECTED, TERMINATE]

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S3b. Have you been diagnosed by a doctor with any of the following types of **arthritis**?

*Select all that apply*

[RANDOMIZE]

1	<b>Osteoarthritis</b> - A type of arthritis that occurs when flexible tissue at the ends of bones wears down.
2	<b>Rheumatoid arthritis</b> - A chronic inflammatory disorder affecting many joints, including those in the hands and feet.
3	<b>Psoriatic arthritis</b> - A form of arthritis that affects some people who have the skin condition psoriasis.
96	I don't know [EXCLUSIVE]
98	None of the above [EXCLUSIVE]






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[SHOW TEXT ABOVE S5]

This survey will focus on **psoriasis**, please think about this condition specifically when answering the following questions.

S5. Which of the following types of psoriasis do you suffer from?

[RANDOMIZE LIST; SELECT ONE]

1	<b>Plaque Psoriasis</b> Raised, inflamed, red lesions covered by silvery white scales. Typically found on the elbows, knees, scalp, and lower back.	
2	<b>Guttate Psoriasis</b> Often starts in childhood or young adulthood. Appears as small, pink, individual spots on the skin of the torso, arms, and legs. These spots are not usually as thick as plaque lesions.	
3	<b>Inverse Psoriasis</b> Found in the armpits, in the groin, under the breasts, and in other skin folds around the genitals and the buttocks. This type of psoriasis appears as bright-red lesions that are smooth and shiny.	
4	<b>Pustular Psoriasis</b> Primarily seen in adults, pustular psoriasis is characterized by white blisters of noninfectious pus surrounded by red skin. It may either be localized to certain areas of the body, such as the hands and feet, or covering most of the body.	
5	<b>Erythrodermic Psoriasis</b> A particularly inflammatory form of psoriasis affecting most of the body surface, it is characterized by periodic, widespread, fiery redness of the skin and the shedding of scales in sheets.	
99	I am not sure	

S6. Which area(s) of your body are usually affected by your psoriasis?

*Please select all that apply*

[RANDOMIZE]

1	Feet
2	Hands
3	Scalp
4	Face
5	Genitals
6	Elbows
7	Knees
8	Back
9	Legs
10	Buttocks
11	Nails
99	Other (please specify:____) <a href="#">[ANCHOR]</a>

[\[RESPONSE AT S6 WILL BE USED AS A SCREENER FOR NON BIOLOGIC USERS – TERMINATION INSTRUCTIONS SHOWN AFTER S10b\]](#)

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[\[BSA CALCULATION\]](#)

S7. If you were able to fit **all** your psoriasis patches together into one area, about how many palms of your hand would this area currently cover? If less than one palm, please enter 0.

Please consider your entire body to be 100 palms, therefore your response to this question can range from 0 to 100 palms. One palm is the area shown by the red circle.

[\[INSERT DIAGRAM OF PALM\]](#)



# of palms your psoriasis covers [\[# 0-100\]](#)

[\[RESPONSE AT S7 WILL BE USED AS A SCREENER FOR NON BIOLOGIC USERS – TERMINATION INSTRUCTIONS SHOWN AFTER S10b\]](#)

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S8. Please list any psoriasis medications or treatments you are aware of

[INSERT 5 TEXT LINES]

☐ I am not aware of any treatments for psoriasis [EXCLUSIVE AND TERMINATE IF SELECTED]

[MANDATORY TO HAVE FIRST LINE ENTERED OR TO HAVE SELECTED THE EXCLUSIVE OPTION]

S9. Please select the statement that best describes your awareness of the following psoriasis treatments/medications.

*Please ensure you have one selection per row*

[SELECTION PER ROW MANDATORY]

		I am <b>currently</b> using this treatment	I used this treatment in the past but <b>stopped</b>	I have heard of this treatment before but have <b>never</b> <b>used it</b>	I have <b>never</b> <b>heard of</b> this treatment before
		A	B	C	D
	<b><u>Creams, lotions or gels</u></b> [HEADER, DO NOT ALLOW TO BE SELECTED]				
1	Over the counter/ <b><u>non-</u></b> prescription creams, lotions or gels				
2	<b>Prescription</b> creams, lotions or gels				
	<b><u>Photo or light/ UV therapy</u></b> [HEADER, DO NOT ALLOW TO BE SELECTED]				
3	Photo or light/ UV therapy (does not include sunlight)				
	<b><u>Oral medications (pills, taken by mouth)</u></b> [HEADER, DO NOT ALLOW TO BE SELECTED; RANDOMIZE WITHIN CATEGORY]				
4	Acitretin (Soriatane)				
5	Cyclosporine (Neoral or Sandimmune)				
6	Methotrexate				

7	Otezla (apremilast)				
	<b><u>Biologics (given by a needle)</u></b> [HEADER, DO NOT ALLOW TO BE SELECTED; RANDOMIZE WITHIN CATEGORY]				
8	Enbrel (etanercept)				
9	Humira (adalimumab)				
10	Remicade (infliximab)				
11	Stelara (ustekinumab)				
12	Cosentyx (secukinumab)				
13	Other biologic (Amevive, Raptiva) [ANCHOR; ALLOW OTHER TO BE SELECTED FOR CURRENT AND PREVIOUS]				
14	Biosimilars (e.g., Inflectra)				
	<b><u>Other medication given by a needle</u></b> [HEADER, DO NOT ALLOW TO BE SELECTED]				
15	Methotrexate (by needle/injection)				

[PROCEED IF S9\_3 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 in column A; ELSE TERMINATE]

[ONLY ONE BIOLOGIC (S9\_8 to \_14) CAN BE SELECTED IN COLUMN S9\_A. IF MULTIPLE BIOLOGICS SELECTED, PROVIDE THE ERROR MESSAGE "The following medications cannot be prescribed at the same time: [INSERT BIOLOGICS SELECTED]. Please only categorize the one you have taken **most recently** as "Currently using"."]

[DO NOT LET RESPONDENT TO PROCEED UNLESS ERROR MESSAGE IS CLEARED]

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[TAG AS "BIOLOGIC USER" IF S9\_A= 8 to 14; OTHERWISE TAG AS 'NON BIOLOGIC USER']

ALL 'BIOLOGIC USER' CONTINUE IN SURVEY

IF NON BIOLOGIC USER AND S7≥10, CONTINUE

IF NON BIOLOGIC USER **AND** S7<10, THE FOLLOWING CONDITIONS MUST BE MET IN ORDER TO CONTINUE IN THE SURVEY: S6= 1 2, 4, OR 5

[FOR QUESTIONS WHERE THE PIPE IN IS 'CURRENT TREATMENT' (S9\_A column) AND A RESPONDENT SELECTS MORE THAN ONE CURRENT TREATMENT, USE WHICHEVER TREATMENT COMES FIRST IN THE FOLLOWING LIST IN ORDER OF PRIORITY:

H1.

CREATE HIDDEN VARIABLE: CURRENT TREATMENT VARIABLES

(BASED ON S9\_A SELECTION):

1) BIOLOGIC

8	Enbrel (etanercept)
9	Humira (adalimumab)
10	Remicade (infliximab)
11	Stelara (ustekinumab)
12	Cosentyx (secukinumab)
13	Other biologic (Amevive, Raptiva)

2) BIOSIMILARS / Subsequent Entry Biologics (SEBs)

14	Biosimilars (e.g., Inflectra)
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3) METHOTREXATE (ORAL OR BY INJECTION) (PIPE IN "methotrexate")

4) CYCLOSPORINE (PIPE IN "cyclosporine")

5) PHOTO OR LIGHT/UV THERAPY (PIPE IN "photo or light/UV therapy")

6) OTEZLA (PIPE IN: "Otezla (apremilast)")

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[SKIP IF ONLY ONE SELECTION IN S9\_A, AND NO SELECTIONS IN S9\_B; AND AUTOFILL AS "1<sup>ST</sup> TREATMENT"]

S11. Now please think about the **chronological order** in which you have taken these different therapies for your psoriasis. Listed below are the treatments you have taken in the past.

Please drag and drop the treatment you tried first in the box marked '1<sup>st</sup> treatment', the treatment you tried second in the box marked '2<sup>nd</sup> treatment' and so on. **The last treatment should be your current treatment.**

*If you are currently on more than one of the following treatments below, please order on which one was prescribed first.*

[SHOW S9\_A AND S9\_B SELECTIONS ON THE LEFT TO BE DRAGGED INTO BOXES ON THE RIGHT]

[SHOW THE SAME NUMBER OF LINES AS THE NUMBER OF S9\_A AND S9\_B SELECTIONS]

TREATMENT		1 <sup>st</sup> treatment
TREATMENT		2 <sup>nd</sup> treatment
TREATMENT		3 <sup>rd</sup> treatment
TREATMENT		..... N treatment

PN: ERROR MESSAGE IF LAST TREATMENT (TREATMENT WITH THE BIGGEST # ASSIGNED) DOES NOT EQUAL TO ANY OF THE S9\_A SELECTIONS. The last treatment should be your current treatment.

PN: S9\_B SELECTIONS CANNOT BE AFTER S9\_A SELECTIONS

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[ONLY ASK IF “NON-BIOLOGIC” USER]

S12. Which of the statements below best describes your experience with **biologics**?

*Biologics are medications that are given by a **needle** and include medications called Stelara, Humira, Enbrel and Remicade. [ALLOW ONE]*

1	I have <b>not heard</b> of biologics before today.
2	I have heard of biologics but <b>do not have enough information</b> to form an opinion.
3	I <b>am interested</b> in trying biologics <b>but</b> have not had the opportunity to ask my doctor.
4	I discussed biologics with my doctor, but my doctor felt they were <b>not appropriate for me</b> at this time.
5	I discussed biologics with my doctor, and my doctor was willing to prescribe one, <b>but I decided I did not want to take it.</b>
6	I discussed biologics with my doctor, and my doctor was willing to prescribe one, but I <b>do not have insurance/</b> my insurance would not cover the prescription.
99	Other (please specify:____) [ANCHOR]

<b>MAIN QUESTIONNAIRE</b>
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<b>PATIENT HISTORY AND SEVERITY OF SYMPTOMS</b>
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You will now be asked a series of questions related to your experience with psoriasis. Please make every effort to be open and honest when responding to these questions. Again, please be



assured that all responses to this survey are completely confidential and will remain anonymous.

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Q130. Please think back to **before** you were diagnosed with psoriasis. When did you first start to feel the **symptoms**?

*We understand it may be difficult for some of you to recall when you started feeling symptoms. Please provide your best estimate.*

Month: [PROVIDE DROP DOWN MENU JAN to DEC] Year: [PROVIDE DROP DOWN MENU, RANGE IS YEAR AT S1 TO 2016]

Q130 YEAR MUST > OR = S1 YEAR. IF Q130 YEAR = S1 YEAR, THEN Q130 MONTH MUST > OR = S1 MONTH. IF THESE CONDITIONS ARE NOT MET, DO NOT ALLOW RESPONDENT TO PROCEED, AND SHOW: "The date cannot be earlier than your date of birth: [PIPE IN S1 MONTH AND YEAR]"

[CREATE VARIABLE ON BACK END TO CALCULATE **AGE OF SYMPTOM BEGAN** BASED ON AGE AT S1; SHOW IN MONTHS]

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Q100. When were you first **diagnosed** with psoriasis?

Month: [PROVIDE DROP DOWN MENU JAN to DEC] Year: [PROVIDE DROP DOWN MENU, RANGE IS YEAR AT Q130 TO 2016]

Q100 YEAR MUST > OR = Q130 YEAR. IF Q100 YEAR = Q130 YEAR, THEN Q100 MONTH MUST > OR = Q130 MONTH. IF THESE CONDITIONS ARE NOT MET, DO NOT ALLOW RESPONDENT TO PROCEED, AND SHOW: "The date cannot be earlier than when you started to feel symptoms: [PIPE IN Q130 MONTH AND YEAR]"

[CREATE VARIABLE ON BACK END TO CALCULATE **AGE OF DIAGNOSIS** BASED ON AGE AT S1; SHOW IN MONTHS]

[CREATE VARIABLE ON BACK END TO CALCULATE TIME BETWEEN **SYMPTOMS TO DIAGNOSIS** BASED ON Q130 IN MONTHS]

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[ONLY ASK Q101A and Q101B IF S9\_B HAS SELECTION IN COLUMN]

[SHOW Q101A AND Q101B ON THE SAME SCREEN]

Q101a. You mentioned you were first diagnosed with psoriasis in [PIPE IN MONTH AND YEAR FROM Q100 SEPARATED BY A SPACE]. When did you begin each of your **psoriasis treatments** after diagnosis?

*We understand it may be difficult for some of you to recall some of these dates. Please provide your best estimate.*

[IF S11 IS **NOT** SKIPPED, SHOW]

<sup>1st</sup> TREATMENT: [PIPE IN S11 ANSWER FOR FIRST]

Month: [PROVIDE DROP DOWN MENU JAN to DEC] Year: [PROVIDE DROP DOWN MENU, RANGE IS YEAR AT Q100 TO 2016]

[CREATE VARIABLE ON BACK END TO CALCULATE **AGE OF FIRST TREATMENT** BASED ON AGE AT S1; SHOW IN MONTHS]

[CREATE VARIABLE ON BACK END TO CALCULATE TIME BETWEEN **DIAGNOSIS TO FIRST TREATMENT** BASED ON Q100 IN MONTHS]

Q101a FIRST YEAR MUST > OR = Q100 YEAR. IF Q101a FIRST YEAR = Q100 YEAR, THEN Q101a FIRST MONTH MUST > OR = Q100 MONTH. IF THESE CONDITIONS ARE NOT MET, DO NOT ALLOW RESPONDENT TO PROCEED, AND SHOW: "The date cannot be earlier than when you were diagnosed: [PIPE IN Q100 MONTH AND YEAR]"

*2<sup>nd</sup> TREATMENT:* [PIPE IN S11 ANSWER FOR SECOND]

Month: [PROVIDE DROP DOWN MENU JAN to DEC] Year: [PROVIDE DROP DOWN MENU, RANGE IS YEAR AT Q101a FIRST TO 2016]

Q101a SECOND YEAR MUST > OR = Q101a FIRST YEAR. IF Q101a SECOND YEAR = Q100 FIRST YEAR, THEN Q101a SECOND MONTH MUST > OR = Q101a FIRST MONTH. IF THESE CONDITIONS ARE NOT MET, DO NOT ALLOW RESPONDENT TO PROCEED, AND SHOW: "The date cannot be earlier than the previous treatment"

[SAME LOGIC FOR 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, etc. TREATMENTS IF NEEDED]

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[IF S11 IS SKIPPED, SHOW]

*CURRENT TREATMENT:* [PIPE IN ONLY SELECTION IN S9\_A]

Month: [PROVIDE DROP DOWN MENU JAN to DEC] Year: [PROVIDE DROP DOWN MENU, RANGE IS YEAR AT Q100 TO 2016]

[CREATE VARIABLE ON BACK END TO CALCULATE **AGE OF CURRENT TREATMENT** BASED ON AGE AT S1; SHOW IN MONTHS]

[CREATE VARIABLE ON BACK END TO CALCULATE TIME BETWEEN **DIAGNOSIS TO CURRENT TREATMENT** BASED ON Q100 IN MONTHS]

Q101a YEAR MUST > OR = Q100 YEAR. IF Q101a YEAR = Q100 YEAR, THEN Q101a MONTH MUST > OR = Q100 MONTH. IF THESE CONDITIONS ARE NOT MET, DO NOT ALLOW RESPONDENT TO PROCEED, AND SHOW: "The date cannot be earlier than when you were diagnosed: [PIPE IN Q100 MONTH AND YEAR]"

Q101b. How satisfied were you with the treatment(s) the doctor prescribed?

	Not at all satisfied	Not very satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied
	1	2	3	4	5
[PIPE IN S11 TREATMENTS AND SHOW IN SAME ORDER;					

IF S11 SKIPPED, PIPE IN ONLY SELECTION IN S9_A]					
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[NEXT SCREEN, OWN SCREEN]

Now, please think about your **symptoms** of psoriasis.

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[IF MORE THAN ONE ITEM (EXCLUDING OTHER) IS SELECTED AT S6 SHOW Q103]

Q103. Earlier you had mentioned that the following areas are usually affected by your psoriasis. Which affected areas bother you **the most**?

[INSERT RESPONSES FROM S6 EXCEPT OTHER; SINGLE SELECTION]

[PIPE IN "OTHER" ENTERED AT S6 IF APPLICABLE]

[KEEP ATTRIBUTE ORDER SAME AS S6]

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[SHOW Q104 AND Q105 ON THE SAME SCREEN]

Q104. Using the slider below please indicate the severity of the psoriasis you are **currently** experiencing. The more your symptoms correspond to one of the images the closer the marker should be to that image.

Please do not think of the location of the symptoms. They could be located in other places on your body not shown in the images.

[INSERT A SLIDER TOOL. WITH THE FOLLOWING END POINTS; START SLIDER IN MIDDLE; CAPTURE DATA AS A SCALE FROM 0 TO 100]

[INSERT IMAGE 1 - LHS]	0  -----  100	[INSERT IMAGE 2 - RHS]
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[IMAGE 1 ]



[IMAGE 2]



Q105. Now, again using the slider please indicate the severity of your psoriasis when it **was at its worst**.

*As a reminder, you indicated that the severity of psoriasis you are currently experiencing is:*  
[PIPE IN VALUE FROM Q104]

[INSERT A SLIDER TOOL. WITH THE FOLLOWING END POINTS; START SLIDER IN MIDDLE; CAPTURE DATA AS A SCALE FROM 0 TO 100]

[INSERT IMAGE 1 - LHS]	0  -----  100	[INSERT IMAGE 2 - RHS]
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### CURRENT LEVELS OF SATISFACTION

Q200. Which of the following best describes how you **currently feel** when it comes to your psoriasis? [ALLOW ONE ONLY]

1	I think <b>I feel as good as I possibly could</b> when it comes to my psoriasis
2	I think there is still <b>some</b> room for further improvement when it comes to my psoriasis
3	I think there is still <b>a lot</b> of room for further improvement when it comes to my psoriasis

Q202. Thinking about all of the aspects of your current treatment for psoriasis, how satisfied are you with [INSERT CURRENT MEDICATION] in the treatment of your psoriasis?

*Consider how well it works, how you take the medication, how often it is taken, any extra support you receive, etc.,*

1	Not at all satisfied
2	Not very satisfied
3	Somewhat satisfied
4	Very satisfied

5	Extremely satisfied
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Q202A. Since you have started taking [INSERT CURRENT THERAPY], have you ever used any additional **support from a nurse** who understands your current treatment? Please do not include support from staff in your doctor's office.

*(This nurse support may be via phone, email or in person and may be someone who answers any questions you have about your treatment and/or monitors your progress on your treatment.)*

1	Yes
2	No

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Q203. Please think about your experience with [INSERT CURRENT MEDICATION]. How satisfied are you with how [INSERT CURRENT MEDICATION] performs on each of the following?

[ROWS RANDOMIZE]

1	How well it <b>decreased</b> the amount of my body that is covered by plaques (i.e. skin clearance)
2	Continues to work well over time (i.e. still as effective now as when you started treatment)
3	How <b>quickly</b> it worked to relieve <b>symptoms</b> of psoriasis
4	The low risk of side effects
5	Has been available for the treatment of psoriasis for long enough that its effects are <b>well known</b>
6	How often it needs to be taken
7	How it is taken/administered (i.e. by mouth, infusion, injection, UV lamp, etc.)
8	[SHOW ONLY IF Q202A=YES OR IF ON REMICADE] Quality of the nurse support available (outside of regular doctor visits)
9	Ability to start on medication right away without having to wait for approval from insurance

[COLUMNS]

1	Not at all satisfied
2	Not very satisfied
3	Somewhat satisfied
4	Very satisfied
5	Extremely satisfied

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For the following questions, please think about the impact of psoriasis on your life.

[SHOW TEXT ABOVE Q204; SHOW BOTH Q204 AND Q205 ON THE SAME SCREEN]

Please think about two different time periods:

- 1) When your psoriasis was at its **worst prior** to taking [INSERT CURRENT MEDICATION].
- 2) What your psoriasis is like **now**.

Q204. First, please think about when your psoriasis was at its **worst prior** to taking [INSERT CURRENT MEDICATION].

[ROWS – RANDOMIZE 1 THROUGH 4, AND 5 THROUGH 9]

**How often were you....**

1	Bothered by your skin itching?
2	Bothered by your skin feeling painful or irritated?
3	Embarrassed by your skin condition?
4	Upset or depressed by your skin condition?

**How often did your skin condition....**

5	Influence the clothes you wear?
6	Cause problems at work/ while studying?
7	Limit social or leisure activities?
8	Create problems in your relationships with your partner or close friends/relatives?
9	Cause sexual difficulties?

[COLUMNS]

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always

Q205. Now, please think about what your psoriasis is like **now**.

[ROWS – RANDOMIZE 1 THROUGH 4, AND 5 THROUGH 9]

**How often were you....**

1	Bothered by your skin itching?
2	Bothered by your skin feeling painful or irritated?
3	Embarrassed by your skin condition?
4	Upset or depressed by your skin condition?

**How often did your skin condition....**

5	Influence the clothes you wear?
6	Cause problems at work/ while studying?
7	Limit social or leisure activities?
8	Create problems in your relationships with your partner or close friends/relatives?
9	Cause sexual difficulties?

**[COLUMNS]**

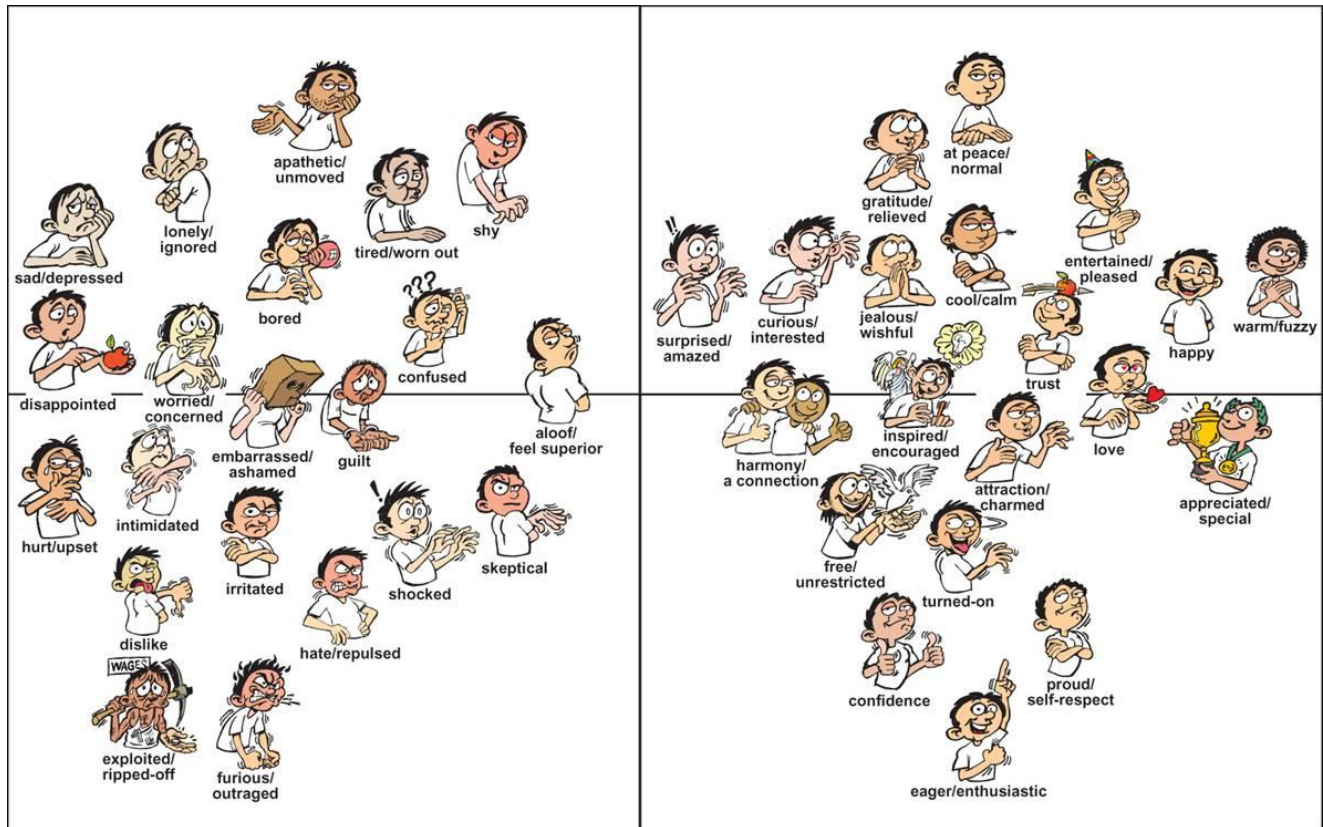
A	Never
B	Rarely
C	Sometimes
D	Often
E	Always

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Q206. **[IF BIOLOGIC USER SHOW:]** Please think back to when you were considering going on biologic therapy for the treatment for psoriasis. How were you feeling when you decided to take **[IF TOOK BIOLOGIC IN PAST: 'your first biologic therapy' IF DID NOT TAKE BIOLOGIC IN PAST AND ARE ONLY TAKING ONE CURRENTLY: INSERT CURRENT TREATMENT]**?

**[IF NON BIOLOGIC USER SHOW:]** Please think back to when you were considering going on your current treatment for psoriasis. How were you feeling when you decided to take **[INSERT CURRENT THERAPY]**?

(You may select up to 3 emotions) **[FORCE MINIMUM OF ONE; MAXIMUM OF 3 ITEMS]**



Q207. Thinking about your life with psoriasis currently, please select how much you agree with each of the following statements by using a scale of 1 to 5 where 1=Strongly disagree and 5=Strongly agree.

[RANDOMIZE STATEMENTS; SINGLE SELECTION PER ROW]

		Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
		1	2	3	4	5
	<b>STRESS [DO NOT SHOW HEADER]</b>					
1	I often feel stressed when experiencing psoriasis symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I believe meditation can help when dealing with stress caused by psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I believe exercise can help when dealing with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	stress caused by psoriasis					
4	I believe counselling can help when dealing with stress caused by psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>RELATIONSHIPS</b> [DO NOT SHOW HEADER]					
5	Psoriasis has a great negative impact on my social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Psoriasis is a great burden on my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I seldom talk to others about my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I'm often think about my psoriasis symptoms when meeting people I don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Psoriasis has a great negative impact on my sexual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Psoriasis has a great negative impact on my self esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>DEPRESSION</b> [DO NOT SHOW HEADER]					
15	I often feel depressed when thinking about my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	I often have trouble sleeping when thinking about my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	I often feel a lack of energy when thinking about my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	I often feel stared at by strangers because of my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	There have been times when I have experienced suicidal thoughts because of my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SEBs

[\[SHOW MESSAGE BELOW, Q505 AND Q510 ON THE SAME SCREEN\]](#)

The following questions are about a class of medication called **subsequent entry biologics (SEBs)**.

After the patent on a biologic drug has expired, a manufacturer may seek approval for a drug that is similar **but not identical to the original drug**. SEBs are not considered generics and not considered to be interchangeable by Health Canada. These drugs are known as biosimilars (also known in Canada as "subsequent entry biologics"). Biosimilars are biologic drugs that are approved for sale based on "demonstrated similarity" in terms of quality, safety and efficacy to an already-licensed (approved) reference biologic medicine.

Because they are made from living organisms, biologics "tend to be significantly more variable and structurally complex than chemically synthesized drugs." Therefore, unlike "generic" copies of a "chemical" drug, biosimilars are not exact replicas of the original biologic medicine but "highly similar."

Q505. Prior to today, to what degree were you familiar with the definition of subsequent entry biologics SEBs?

- a. Not at all familiar with biosimilars or SEBs
- b. Mostly unfamiliar with biosimilars or SEBs
- c. Neither familiar or unfamiliar with biosimilars or SEBs
- d. Somewhat familiar with biosimilars or SEBs
- e. Very familiar with biosimilars or SEBs

[SINGLE SELECT](#)

Q510. How do you think subsequent entry biologics (SEBs) are different from original biologic treatment?

- a. Cost of medication
- b. How they are made
- c. How they work
- d. How patients react to them
- e. Types of side effects
- f. I have no opinion [\[EXCLUSIVE\]](#)

[MULTI SELECT. RANDOMIZE BUT ANCHOR LAST OPTION](#)

Q520. How concerning would it be for you if the government or private insurance plan made the determination which biologic (biologic treatment or subsequent entry biologic) to prescribe or reimburse **on initiation of treatment**?

*Click here for the definition of SEB* [\[HYPERLINK TO SHOW THE MESSAGE ABOVE Q505\]](#)

- a. Very concerning
- b. Somewhat concerning
- c. Not sure
- d. Not concerning

[SINGLE SELECT](#)

---

Q530. How concerning would it be for you if the government or private insurance plan made the determination which biologic (biologic treatment or subsequent entry biologic) to dispense to you **during your treatment, including maintenance** therapy (making you switch medicines without telling you)?

Click here for the definition of SEB [\[HYPERLINK TO SHOW THE MESSAGE ABOVE Q505\]](#)

- a. Very concerning
- b. Somewhat concerning
- c. Not sure
- d. Not concerning

[SINGLE SELECT](#)

---

Q540. What factors are important to you for biosimilar/subsequent entry biologics regulation in Canada?

Click here for the definition of SEB [\[HYPERLINK TO SHOW THE MESSAGE ABOVE Q505\]](#)

- a. Safety
- b. Efficacy
- c. SEBs review & approval identical to your original biologic treatment
- d. SEB tested for all indications/diseases more treatment options
- e. SEBs clinically tested in Canadians
- f. Other (please specify)

[MULTI SELECT. RANDOMIZE BUT ANCHOR LAST OPTION](#)

<b>CURRENT AND POTENTIAL INITIATIVES</b>
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Q600. Please list any **resources or programs** that you are **currently using** to help you manage your psoriasis.

*These resources can include online forums, mobile apps, websites, associations etc.*

[\[INSERT 5 LINES\]](#)

☐ I do not currently use any resources or participate in programs

[\[FIRST LINE MANDATORY UNLESS EXCLUSIVE OPTION SELECTED\]](#)

---

Q610. Currently, patient organizations/groups provide various types of resources to psoriasis patients. Thinking of such a patient organization/group, how helpful do you think each of these resources below would be for you?

[\[RANDOMIZE LIST, ONE SELECTION PER ROW\]](#)

		Not at all helpful				Very helpful	Not sure / not familiar
		1	2	3	4	5	99
1	Website						
2	Twitter page						

3	Facebook page						
4	Patient Bill of Rights document						
5	Printed brochures with information of psoriasis						
6	Information on biosimilars						
7	Electronic newsletter						
8	Promotion of World Psoriasis Day on October 29 <sup>th</sup> to increase awareness of patients living with psoriasis in Canada						
9	Live tweeting sessions with Dermatologists						
10	In-person patient information sessions where Dermatologists provide a presentation (also streamed by webinar)						

---

Q611. Please rank your **top 5** resources based on your preference. #1 should be your most preferred resource.

[SHOW LIST FROM Q610 IN SAME ORDER, SHOW NUMERIC BOX NEXT TO EACH. EACH BOX HAS A RANGE 1-5. NUMBERS CANNOT BE REPEATED. FORCE 5 ENTRIES IN THE LIST]

<b>DEMOGRAPHICS</b>
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[SHOW FOLLOWING TEXT ABOVE QUESTION Q700]

Finally, we have a few demographic questions to help us group your answers with those of other respondents. All data is analyzed in aggregate, and your responses will remain anonymous.

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Q702. Which of the following best describes the size of the city in which you live?

[DO NOT RANDOMIZE ROWS]

1	Rural
2	Small Town
3	Large City
4	Metropolitan

---

Q703. At the present time, which of the following health insurance plans do you have?

[DO NOT RANDOMIZE ROWS]

1	Private Health Insurance (that I <u>personally</u> pay a premium for)
2	Group Health Insurance (that I receive through an employer or association, etc)
3	Provincial government plan for seniors
4	Provincial government plan for persons on social assistance
5	[SHOW IF S2a=6, 4, 3, OR 1 ONLY] Provincial government insurance for which I pay a deductible from my provincial income tax
6	I pay the entire cost of prescriptions myself or my family must pay the entire cost
99	Other

---

Q704. After taking into account all of the possible reimbursements (like insurance coverage) for your prescriptions, what percent of the prescription cost do you pay out of your own pocket?

% [RANGE 0-100]

Don't know [EXCLUSIVE]

---

Q705. In a **typical month** approximately how much **money** do you spend out-of-pocket on each of the following types of treatments for your psoriasis? Please do not include any costs that are covered by health insurance.

[ROWS]

1	Non-prescription products	[RANGE: 0-9999]
2	[INSERT CURRENT TREATMENT WITH FIRST LETTER CAPITALIZED]	\$__
3	Other prescription products, <u>not</u> including [INSERT CURRENT TREATMENT]	\$__
4	Other treatments not covered by insurance [IF ON CURRENTLY ON LIGHT THERAPY SHOW (i.e. psychologist, etc) ALL ELSE SHOW (i.e. phototherapy, psychologist, etc)]	\$__

---

[BSA CALCULATION]

Q706. Please indicate your approximate height and weight.

Height:

# \_\_\_\_ [RANGE SET BASED ON DROPDOWN BOX SELECTION] [DROPDOWN BOX: "Feet (ft.)" and "Centimeters (cm)"]

[IF "Feet" SELECTED, RANGE IS 3.0 TO 7.11. ALLOW DECIMAL POINT]

[IF "Centimeter" SELECTED, RANGE IS 0-220, WHOLE NUMBERS ONLY]

☐ Don't know / Refusal [EXCLUSIVE OPTION]

Weight:

# \_\_\_\_\_ [RANGE SET BASED ON DROPDOWN BOX SELECTION] [DROPDOWN BOX:  
"Pounds (lbs.)" and "Kilograms (kg)"]

[IF "**Pounds**" SELECTED, RANGE IS 80 TO 500. WHOLE NUMBERS ONLY]

[IF "**Kilograms**" SELECTED, RANGE IS 35 TO 225.WHOLE NUMBERS ONLY]

☐ Don't know / Refusal [EXCLUSIVE OPTION]

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Q707. What is the highest level of formal education that you have completed?

[DO NOT RANDOMIZE ROWS]

1	Grade school or some high school
2	Completed high school
3	Completed technical or trade school / Community college
4	Some community college or university, but did not finish
5	Completed university degree, such as a Bachelor's
6	Post-graduate degree, such as a Master's or Ph.D.

---

Q708. And which of the following categories best describes your annual household income?  
That is, the total income before taxes – or gross income – of all persons in your household  
combined?

[DO NOT RANDOMIZE ROWS]

1	Under \$10,000
2	\$10,000 - \$20,000
3	\$20,001 - \$30,000
4	\$30,001- \$40,000
5	\$40,001 - \$50,000
6	\$50,001 - \$60,000
7	\$60,001 - \$70,000
8	\$70,001 - \$80,000
9	\$80,001 - \$100,000
10	\$100,000 and over
99	Would rather not answer

---

Q709. At the present time, are you employed full-time, part-time or not at all? [ALLOW ONE]

[DO NOT RANDOMIZE ROWS]

1	Employed Full-time
2	Employed Part-time

3	Employed, but away on disability
4	Not Employed

[ASK IF Q709 IS 1 OR 2]

Q207. Thinking about your life with psoriasis **at work**, please select how much you agree with each of the following statements by using a scale of 1 to 5 where 1=Strongly disagree and 5=Strongly agree.

[RANDOMIZE STATEMENTS; SINGLE SELECTION PER ROW]

		Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
		1	2	3	4	5
	<b>WORK [DO NOT SHOW HEADING]</b>					
11	Psoriasis has a great negative impact on me at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I often avoid other people at work because of my psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	I often need to take time off from work to manage my psoriasis (e.g., doctor's appointments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	I believe that my psoriasis prevents me from advancing my career at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[ASK Q710 IF Q709 = 4]

Q710. Are you...? [ALLOW ONE]

[DO NOT RANDOMIZE ROWS]

Retired

Temporarily Unemployed

Disabled

Full-time Student

Homemaker

Never Worked

---

Q711. What is your current marital status?

[DO NOT RANDOMIZE ROWS]

Presently Married

Widowed

Divorced

Separated

Never Married

---

Q712. How many children (18 years old or under) live in your household?

[RANGE 0 TO 20]

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[IF Q712 > 0]

Q713. What is the age of your [IF Q712>1 INSERT youngest] child? If less than a year, please enter 0.

Age of [IF Q712>1 INSERT youngest] child [RANGE 0 TO 18]