Patient-reported quality of sexual life questionnaire among patients suffering from skin psoriasis and/or psoriatic arthritis

The aim of this questionnaire is to assess the impact of your skin psoriasis and/or psoriatic arthritis on your perception of the quality of your sexual life. This assessment will help improve your treatment.

Do you consider that this questionnaire concerns you?	Yes	No
Do you wish to answer the questionnaire?	Yes	No
You suffer from:	Skin p	soriasis
	Psoria	tic arthritis
	Both	

For each of the following questions, **CIRCLE THE NUMBER** that best corresponds to your experience in the last 3 months

Q1	Do you feel tl Not at all	nat your diseas	se makes you	less attractiv	e sexually? 3	4	All the time				
	NUL AL AII	0	T	Z	5	4	All the time				
Q2	Do you feel that your disease diminishes your desire to seduce?										
	Not at all	0	1	2	3	4	All the time				
Q3	In your opinion, does your disease diminish your sexual desire?										
-	Not at all	0	1	2	3	4	All the time				
Q4	Are you afrai	d to be touche	d by your pa	rtner(s)?							
	Not at all	0	1	2	3	4	All the time				
Q5	In vour opinio	on, is/are your	partner(s) at	fraid to touch	vou?						
	Not at all	0	1	2	3	4	All the time				
Q6	Are you afraid to touch your partner(s)?										
	Not at all	0	1	2	3	4	All the time				
Q7	Do you feel se	elf-conscious a	bout being s	een undressed	d before hav	ing sexual int	tercourse?				
	Not at all	0	1	2	3	4	All the time				
Q8	Does the pair	and stiffness	in your back	and joints pre	vent you fro	m having sat	isfying sexual				
	relations?										
	Not at all	0	1	2	3	4	All the time				
Q9	If your sexual	organs are aff	ected, does	this prevent y	ou from havi	ing satisfying	sexual relations?				
	Not at all	0	1	2	3	4	All the time				
Q10	-	nat the tiredne	ss linked to	your disease is	s an obstacle	to having sa	tisfying sexual				
	relations? Not at all	0	1	2	3	4	All the time				

The following 4 questions concern your overall sexual quality of life. For each question, **CIRCLE THE NUMBER** that best corresponds to your experience in the last 3 months.

A1:	In the last 3 mo	nths,	has y	our sk	in pro	oblem	impa	aired t	the qu	uality	of yo	ur sexua	al life?
	Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
A2:	In the last 3 mo	nths,	has y	our ps	oriat	ic rhe	umat	ism in	npaire	ed the	e qual	ity of yo	our sexual life?
	Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
A3:	Do you expect t	he m	edical	l treat	ment	of yo	ur dis	ease	to im	prove	the c	juality o	of your sexual life?
A3:	Do you expect t Not at all			l treat 2		-			-				of your sexual life? Extremely
		0	1	2	3	4	5	6	7	8	9	10	Extremely