Translation into Spanish and field-testing of a new score for evaluating psoriasis severity: The Simplified Psoriasis Index (SPI)

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ORIGINAL

Translation into Spanish and field-testing of a new score for evaluating psoriasis severity: The Simplified Psoriasis Index (SPI)

Traducción al español y ensayos de campo de una nueva escala destinada a la valoración global de la gravedad de la psoriasis: el índice de psoriasis simplificado (SPI)

Introduction

More than 40 scales currently exist to assess severity and response to treatment in patients with psoriasis. The Psoriasis Area and Severity Index (PASI) is the most popular clinical scale in clinical trials and is widely used as the standard benchmark for scoring the severity of psoriasis. This scale, however, has certain disadvantages, such as its complex arithmetic, interobserver variability, low sensitivity in detecting changes in the limited disease, and a lack of standardized cutoff values for categorizing the severity of the disease. This is why there is still need for a global consensus to determine the best way to assess psoriasis and its response to treatment. Despite this, many regulatory bodies continue to recommend the use of PASI, although in some cases supplemented with other tools such as the change in global assessment of the disease. As well as the potential to underestimate the severity of the disease, the use of PASI also ignores the involvement of “special” areas, such as the face, palms, soles, genitals, and scalp, its psychological impact, and its impact on quality of life. For this reason, dermatologists must take into consideration the locations of the skin disease and the quality of life in order to achieve a more appropriate and effective assessment.

The simplified psoriasis index (SPI) was created based on the Salford Psoriasis Index, which was originally designed in the late 1990s with the goal of providing a concise but comprehensive summary of the severity of psoriasis for use in routine clinical practice. The instrument is divided into 3 components that include individual indicators of current severity, psychosocial impact, and past history. When combined, these components contribute to the overall burden of the disease (Table 1). The instrument was designed in a dermatology center specializing in psoriasis and later submitted to a group of world experts at the Outcome Measures in Psoriasis Workshop.

The first component reflects current severity (SPI-s) and replaces PASI and percentage BSA. This section considers the functional and psychosocial impact on special areas such as the scalp, face, hands, feet, and anogenital area. The extent of the 10 areas assessed is given a score of 0 if the disease is absent or minimal, 0.5 if it is evident, or 1 if it is widespread. Significant nail involvement is included in the severity score of the hands and feet. Thus, the SPI-s differs from PASI in that it does not require an estimation of percentage body surface area affected by the psoriasis, which has been shown to be
practically impossible to carry out with any degree of accuracy.6,9 The second component (SPI-p) assesses psychosocial impact using a visual analog scale from 0 to 10.3,5-8 Finally, the third component was designed to reflect past history including the duration of the disease with a maximum of 4 points, number and type of interventions undergone, with a maximum score of 6 points.3,5,7,8

The SPI is available in 2 versions: the first for use by health care professionals (proSPI) and the second for self-assessment by patients (saSPI).2,3,5-7 Both versions are available for free online.2,5 The sections of the SPI on current severity (SPI-s) and the psychosocial-impact component (SPI-p) correlate significantly with PASI and the Dermatology Quality of Life Index (DQLI), respectively, according to studies carried out.2,3,5-8 Those studies support its validity for use in routine clinical practice, as well as its acceptability, reliability and distribution (broad response) for both the proSPI and the saSPI.2,6,7 The good correlation between proSPI and saSPI opens up the possibility of using saSPI to monitor patients remotely.8

Versions are also available in Portuguese (Brazil),10 French,1,8 Dutch,11 Thai,6 and Arabic.12-14 Studies have been carried out to validate the instrument in patients undergoing therapies including phototherapy7 and secukinumab,8 and its use has also been validated in children and adolescents with plaque psoriasis.11

The objective of this project was to produce Spanish translations of proSPI and saSPI and field-test them with Spanish-speaking physicians and patients with psoriasis.

**Methods**

Initially, a physician whose native language was Spanish translated both versions from English into Spanish. Both versions were then reviewed together with one of the joint creators of this score. Blinded back translations into English were then produced by native English speakers from the United Kingdom and the United States, as described in the adaptation guidelines.15 Both versions were then compared and modified as necessary by a team consisting of translators, an expert in linguistics, 4 dermatologists, including the initial translator, and 20 patients who had volunteered to test and comment on saSPI. All the authors were then able to reach a consensus on the reliability of the 2 translations (proSPI and saSPI) Following are the different stages, tasks, and participants involved in the production of the translations (Fig. 1). The original version and all translated versions of the simplified psoriasis index remain the property of the University of Manchester, which grants free and unrestricted access for the use of the index.

**Results**

Following is the result of the translation process and the field trials of both versions of the simplified psoriasis index. We show the version of the simplified psoriasis index (proSPI) for professionals (Fig. 2A and 2B) and the simplified psoriasis index for self-assessment (proSPI) (Fig. 3A and 3B).

The SPI is divided into 3 sections and, here, we provide a brief explanation of each section.
SPI-s

This section considers the functional and additional psychosocial impact on special areas such as the scalp, face, hands, feet, and anogenital area. The extent of the 10 areas assessed is given a score of 0 if the disease is absent or minor, 0.5 if it is obvious, or 1 if it is widespread. Significant nail involvement is included in the severity score of the hands and feet.\(^2,3,5-8\)

SPI-p

The second component (SPI-p) indicates psychosocial impact using a visual analog scale from 0 to 10.\(^3,5-8\)

SPI-i

Finally, the third component was designed to reflect the past history, including duration of the disease and number and type of interventions received. This section includes 4 questions relating to the past history of the disease and 6 relating to prior treatments.\(^3,5,7,8\) Templates are available with drop-down fields and free text to produce personalized forms that show the most relevant drugs for each region or department (Fig. 4).

The translations were carried out in an iterative process of several stages that involved all the authors with a careful comparison of the back translations with the original instruments.

The most significant point of discussion was the translation of “scale”, a term used deliberately in SPI to indicate that the thickness of the scale is the relevant parameter for assessment rather than the flaking of the scale. The PASI clinical score has never been revised to clarify this aspect and, therefore, the misleading term *desquamation* is used as a substitute to assess the thickness of the scale. It was also decided to maintain the terms “escamas” (scales)\(^7\) and “descamación” (scaling or peeling) because they were easier terms for patients to understand.

Several linguistic ambiguities were also identified. For example, the term *hairline* was initially translated as “pelo” (hair) but, after discussion, it was more accurately translated as “línea de implantación del pelo” (hairline). Furthermore, 2 terms, “compromiso” (involvement) versus “extensión” (extent) appeared in Part 1; after discussion, it was decided to use the term “extensión actual” (current extent). In Part 2 (SPI-i), it was suggested that “con mayor afección” (with greater effect) be changed to “estar más afectado” (being more affected). In Part 3 of the saSPI, it was decided to maintain the sentence “Seleccione cada tratamiento que alguna vez haya recibido” (Select each treatment you have ever received), including the term “alguna vez” to reflect the translation of “ever” in order to cover the entire pharmacological history of the patient. Patients found the interactive version to be “very easy to use”. Four patients suggested a small change to record their gender more simply and these changes were implemented in the final version. Finally, the term “gravedad” was used instead of “severidad” as a better linguistic translation of the term “severity” in the original form.
Discussion

In this article, we introduce an instrument translated into the Spanish language as a clinical measurement scale for use in routine clinical practice and in clinical trials. This tool has shown a good correlation with PASI and DQLI, both commonly used by dermatologists. The advantages compared to its predecessors include the inclusion of special body sites, giving them a major role in the overall assessment and makes it possible to assess the past history of the disease with treatment history and duration of the disease. Two versions of the scale are available: one for use by health care professionals and the other for self-assessment of the disease; both versions have a significant clinical correlation.

The SPI is an easy-to-use instrument that is available for free and its use has been validated in previous studies, including in special populations such as pediatric patients and patients undergoing treatment with phototherapy or biological therapies. Both Spanish-language versions of the SPI may be downloaded from the Global Psoriasis Atlas website (https://www.globalpsoriasisatlas.org/en/simplified-psoriasis-index), where they can be completed electronically using the interactive PDF files (see figures) or personalized and printed for completion by hand. This scale is also available in English, French, German, Dutch, Portuguese (Brazil), Arabic, and Thai.

The limitations of this project include the fact that the instrument was tested in a relatively small number of patients. The authors invite the dermatology community to experiment with the use of this instrument, which as well as being scientifically validated, provides additional advantages over other well-known scales. In particular, the self-assessment version allows patients to take part in the treatment of their disease and provide their physician with periodic assessments of their response to treatment, and this can be done remotely, if necessary.

Funding
No funding exists for this project.

Conflicts of Interest
A.G. Ortega-Loayza is a consultant for Janssen and BMS.

The other authors declare that they have no conflicts of interest.

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Figure 1. Different stages, tasks, and participants involved in the translation and linguistic assessment of the SPI.

Figure 2. A, Simplified psoriasis index - professional version (proSPI) (Part 1). B, Simplified psoriasis index - professional version (proSPI) (Parts 2 and 3).

Figure 3. A, Simplified psoriasis index - self-assessment version (saSPI) (Part 1). B, Simplified psoriasis index - self-assessment version (saSPI) (Parts 2 and 3).

Figure 4. Proforma for selecting treatments received. Both versions are available for free online for download.* They can be downloaded from the website: https://globalpsoriasisatlas.org/ under the «SPI» tab (https://www.globalpsoriasisatlas.org/en/simplified-psoriasis-index).

* The original version and all translated versions of the simplified psoriasis index remain the property of the University of Manchester, United Kingdom, which grants free and unrestricted access for its use.

Table 1. Explanation of the 3 Components of the Simplified Psoriasis Index.

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPI-s:</strong> (current severity)</td>
<td>This section considers the functional and additional psychosocial impact on special areas such as the scalp, face, hands, feet, and anogenital area. The extent of the 10 areas assessed is given a score of 0 if the disease is absent or minor, 0.5 if it is obvious, or 1 if it is widespread. Significant nail involvement is included in the severity score of the hands and feet. The current severity score, SPI-s, is the product of the extent score and a general assessment of the severity of the plaque scored from 0 to 5 and reflects the average of all the affected areas.</td>
</tr>
<tr>
<td><strong>SPI-p:</strong> (psychosocial impact)</td>
<td>The second component (SPI-p) indicates psychosocial impact using a visual analog scale from 0 to 10.</td>
</tr>
<tr>
<td><strong>SPI-i:</strong> (past history and interventions received)</td>
<td>Finally, the third component was designed to reflect the past history, including duration of the disease and number and type of interventions received. This section includes 4 questions relating to the past history of the disease and 6 relating to prior treatments. Templates are available with drop-down fields and free text to produce personalized forms that show the most relevant drugs for each region or department.</td>
</tr>
</tbody>
</table>

Note for typesetter: PLEASE MAKE THE FOLLOWING CHANGES TO THE FIGURES:

<table>
<thead>
<tr>
<th>SPANISH</th>
<th>ENGLISH</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN FIGURE 1</td>
<td></td>
</tr>
<tr>
<td>Análisis conceptual del instrumento Fuente</td>
<td>Conceptual analysis of the source instrument</td>
</tr>
</tbody>
</table>
### IN FIGURE 2

Replace Figure 2 with this PDF

### PART 1A

Circle the option which most closely describes the current **extent** of psoriasis in each body area:

- (0) clear or minimal with no more than a few scattered thin plaques
- (0.5) obvious but still leaving plenty of normal skin
- (1.0) widespread and involving much of the affected area

Please note that this is not the same as percentage body surface area (BSA) involvement: the extent score takes into account how dispersed the plaques are.

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalp &amp; hairline</td>
<td>0 •</td>
</tr>
<tr>
<td>Face, neck &amp; ears</td>
<td>0 •</td>
</tr>
<tr>
<td>Arms &amp; armpits</td>
<td>0 •</td>
</tr>
<tr>
<td>Hands, fingers &amp; fingernails*</td>
<td>0 •</td>
</tr>
<tr>
<td>Chest &amp; abdomen</td>
<td>0 •</td>
</tr>
<tr>
<td>Back &amp; shoulders</td>
<td>0 •</td>
</tr>
<tr>
<td>Anogenital area</td>
<td>0 •</td>
</tr>
<tr>
<td>Buttocks &amp; thighs</td>
<td>0 •</td>
</tr>
<tr>
<td>Knees, lower legs &amp; ankles</td>
<td>0 •</td>
</tr>
<tr>
<td>Feet, toes &amp; toenails*</td>
<td>0 •</td>
</tr>
</tbody>
</table>

*score severe dystrophy of ≥ 2 nails as 0.5 and ≥ 6 nails as 1.0

**Total extent score: maximum 10 points**

1A

**TOTAL**

### PART 1B

Select the option which best describes the current **average severity** of psoriasis. This should take into account **all** affected areas identified above, not just the worst areas. Please refer to photographic severity key if available.

- (0) Essentially clear: with faint erythema or residual
pigmentation only
1 Mild: erythema or scale with focal slight palpable thickening
2 Mild to moderate: erythema and/or scale with majority of affected skin palpably thickened
3 Moderate: erythema and/or scale and/or skin thickening
4 Marked: erythema and/or scale and/or skin thickening
5 Intensely inflamed skin: with or without pustules
Average severity score: maximum 5 points 1B
Professionally-assessed current extent and severity score (proSPI-s) = 1A x 1B (maximum 50)
proSPI v. 2 2019 : 03.12.2020

Simplified Psoriasis Index
LABEL or Record no :
Sex :
Date : First name :
Professional assessment (proSPI) Surname :
proSPI-s
(1A X 1B)
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PART 2 (SPI-p) Ask patient to mark the line below in response to the question:
“How much is your psoriasis affecting you in your day-to-day life today?”
0 1 2 3 4 5 6 7 8 9 10
Guide: 0 = my psoriasis is not affecting me at all
5 = my psoriasis is affecting me quite a lot
10 = my psoriasis is affecting me very much (I could not imagine it affecting me more)

PART 3 (SPI-i) This part forms a summary record of the patient’s psoriasis history and of interventions received.
If the information from the previous assessment is known and has not changed, just enter the previous score in the proSPI-i box at the foot of the form.

About the patient’s psoriasis maximum 4 points
The patient has had psoriasis for at least 10 years
The patient’s psoriasis first developed before the age of 10 and/or has been present for more than 20 years
The patient has had erythrodermic or generalised pustular psoriasis
A diagnosis of psoriatic arthritis has been confirmed by a rheumatologist

About the patient’s treatment maximum 6 points
How many different psoriasis treatments (other than topicals) has the patient received?
Ultraviolet phototherapy (UVB and/or PUVA)  
*maximum 1 point*

Systemic psoriasis treatments (1 point for each different active agent) *maximum 5 points*

**SUM**

**Summary of systemic treatments received**

*(optional)*

Tick all systemic agents received to date. If a treatment is not listed, add it in one of the blank boxes. The list of agents may be modified to reflect local availability or the introduction of new treatments.

**TOTAL**

- □ Acitretin
- □ Adalimumab
- □ Methotrexate
- □ Infliximab
- □ Ciclosporin
- □ Secukinumab
- □ Etanercept
- □ Ustekinumab

**proSPI score** *to nearest whole number*

If no changes, just enter the previous SPI-i score here.

**proSPI-s SPI-p proSPI-i**

**SEVERITY (0-50)**  
**PSYCHOSOCIAL (0-10)**  
**INTERVENTIONS (0-10)**

#  

**IN FIGURE 3**

Replace Figure 3 with this PDF (pdf available at https://www.globalpsoriasiasatlas.org/uploads/attachments/ckmneo26m0q4xuji

Thank you for completing this questionnaire which will help us understand more about you and your psoriasis. If you need help with filling in the form, please ask for assistance. The questions are in three parts and tell us a little about how your psoriasis is now, how it is affecting you personally and how it has behaved in the past.

**PART 1A** For each of these 10 body areas please circle one choice which best describes your psoriasis today:

0  • } +

0  clear or so minor that it does not bother me (0)
•  } obvious but still leaving plenty of normal skin(.)
+ widespread and involving much of the affected area (1)
0  . 1

1 Scalp and hairline
2 Face, neck and ears
3 Arms and armpits
4 Hands, fingers and fingernails
5 Chest and abdomen
6 Back and shoulders
7 Genital area and/or around anus (back passage)
8 Buttocks and thighs
9 Knees, lower legs and ankles
10 Feet, toes and toenails
* even if the skin of the hands or feet is unaffected you can score ± for severe psoriasis of at least 2 and + for 6 or more finger or toenails

Total extent score: maximum 10 points

1A SUM

**PART 1B** Please circle whichever of these choices best describes the overall state of your psoriasis today. Your score should reflect the average of all of your psoriasis, not just the worst areas.

0 Clear or just slight redness or staining
1 Mild redness and/or scaling with no more than slight thickening
2 Definite redness, scaling and/or thickening
3 Moderately severe with obvious redness, scaling and/or very thick
4 Very red and inflamed, very scaly and/or very thick
5 Intensely inflamed skin with or without pustules (pus spots)

Average severity score: maximum 5 points

**PART 2** You may be given some photographic images to help you score your psoriasis.

Patient self-assessed current extent and severity score (proSPI-s) = 1A x 1B (maximum 50)

**Simplified Psoriasis Index**

**LABEL or Record no:**

**Sex:**

**Date:**

**First name:**

**Self-assessment version (saSPI) Surname:**

**saSPI-s**

(1A X 1B)

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**PART 2 (SPI-p)** Please make a mark on the line below to show how much your psoriasis is affecting you in your day-to-day life today.

0 1 2 3 4 5 6 7 8 9 10

Guide: 0 = my psoriasis is not affecting me at all
5 = my psoriasis is affecting me quite a lot
10 = my psoriasis is affecting me very much (I could not imagine it affecting me more)

**PART 3 (SPI-i)** This part forms a record about you and your psoriasis.

If the information from your previous assessment is known and has not changed, just enter the previous SPI-i score in the SPI-i box (bottom right)

**About your psoriasis** Please tick each true statement maximum 4 points

I have had psoriasis for at least 10 years
My psoriasis first developed before I was 10
years old 10 and/or has been present for more than 20 years
I have had bright red and very inflamed psoriasis (with or without pus spots) covering all my skin (erythrodermic or generalised pustular psoriasis)
A rheumatologist (arthritis specialist) has confirmed that I have psoriatic arthritis

**About your psoriasis treatment** maximum 6 points
How many different psoriasis treatments (excluding creams etc.) have you ever had?
Ultraviolet light treatment (UVB and/or PUVA) maximum 1 point
Psoriasis tablets or injections (1 point for each different active drug) maximum 5 points

**Summary of treatments received** (optional) *
Please tick each treatment you have ever received. If a treatment is not listed, add it. **Please ask doctor or nurse if unsure.**

**TOTAL**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Ticks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acitretin</td>
<td></td>
</tr>
<tr>
<td>Infliximab</td>
<td></td>
</tr>
<tr>
<td>Adalimumab</td>
<td></td>
</tr>
<tr>
<td>Ciclosporin</td>
<td></td>
</tr>
<tr>
<td>Methotrexate</td>
<td></td>
</tr>
<tr>
<td>Secukinumab</td>
<td></td>
</tr>
<tr>
<td>Etanercept</td>
<td></td>
</tr>
<tr>
<td>Ustekinumab</td>
<td></td>
</tr>
</tbody>
</table>

**saSPI score**

**saSPI-s SPI-p saSPI-i**

**SEVERITY (0-50) PSYCHOSOCIAL (0-10) INTERVENTIONS (0-10)**

*Enter the nearest whole number
If no change, enter score from previous assessment
saSPI v. 2 2019 : 04.12.2020 *

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<table>
<thead>
<tr>
<th>Spanish</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>utilizan actualmente,</td>
<td>Most of these can be selected from the 20 identical dropdown lists but free text can also be entered in the text boxes.</td>
</tr>
<tr>
<td>La mayoría de estos se pueden seleccionar de las 20 listas desplegables idénticas, pero las entradas de texto libre también están habilitadas.</td>
<td></td>
</tr>
<tr>
<td>Al hacer clic en las casillas a la izquierda de cada tratamiento, se agrega un punto a la puntuación SPI-i del paciente hasta un máximo de 5 puntos</td>
<td>Clicking on the boxes on the left adds one point to the patient’s SPI-i score up to a maximum of 5 points.</td>
</tr>
</tbody>
</table>