

# Patient-Reported Sexual Quality of Life Questionnaire for Psoriasis and/or Psoriatic Arthritis

The aim of this questionnaire is to assess your perceived impact of your psoriasis and/or psoriatic arthritis on your sexual quality of life. This assessment will be used to improve your care.

- Do you feel this questionnaire applies to you?  Yes  No
- Are you happy to answer this questionnaire?  Yes  No
- You have:  Psoriasis  
 Psoriatic arthritis  
 Both

For each of the following questions, please **CIRCLE THE NUMBER** that best describes your experience over the past 3 months.

- Q1 | Does your condition negatively impact your ability to sexually attract others?**  
 Not at all 0 1 2 3 4 All the time
- Q2 | Does your condition negatively impact your desire to sexually attract others?**  
 Not at all 0 1 2 3 4 All the time
- Q3 | Does your condition negatively impact your sex drive?**  
 Not at all 0 1 2 3 4 All the time
- Q4 | Are you afraid of being touched by your partner(s)?**  
 Not at all 0 1 2 3 4 All the time
- Q5 | Is (are) your partner(s) afraid of touching you?**  
 Not at all 0 1 2 3 4 All the time
- Q6 | Are you afraid of touching your partner(s)?**  
 Not at all 0 1 2 3 4 All the time
- Q7 | Is being seen undressed a problem before having sex?**  
 Not at all 0 1 2 3 4 All the time
- Q8 | Does the pain and stiffness in your back and joints get in the way of you having satisfying sex?**  
 Not at all 0 1 2 3 4 All the time
- Q9 | Does the effect of your condition on your genitals prevent you from having satisfying sex?**  
 Not at all 0 1 2 3 4 All the time
- Q10 | Do you feel that the fatigue linked to your condition gets in the way of you having satisfying sex?**  
 Not at all 0 1 2 3 4 All the time

For each of the following 4 questions concerning your overall sexual quality of life, please **CIRCLE THE NUMBER** that best describes your experience over the past 3 months.

- A1: Over the past 3 months, has your skin condition negatively impacted your sexual quality of life?**  
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely
- A2: Over the past 3 months, has your psoriatic arthritis negatively impacted your sexual quality of life?**  
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely
- A3: Do you expect the medical treatment for your condition to improve your sexual quality of life?**  
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely
- A4: Do you experience a lack of interest from doctors regarding your sexual quality of life?**  
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely

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\* Lespessailles et al. Medicine 2021, Jan 8;100(1):e24168