# **QUALITY OF LIFE (NAPPA-QoL)**

This questionnaire serves to describe your quality of life with nail psoriasis on hands and/or feet over the past week.

Please answer the questions carefully, yet spontaneously. All responses will be treated confidentially and analyzed anonymously.

| •   | In the past week, how much did the nail psoriasis make you suffer from   | not at all                 | somewhat                   | moderately                 | quite a bit                | very                       |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1   | itchy fingers/toes   | 0                          | 0                          | 0                          | 0                          | 0                          |
| 2   | pain or other abnormal sensations in the fingers/toes  | 0                          | 0                          | 0                          | 0                          | 0                          |
| 3   | reduced strength of the nails (e.g. brittle, thin, atrophied or coming off)  | 0                          | 0                          | 0                          | 0                          | 0                          |
| 4   | symptoms such as hardened, thickened or raised nails   | 0                          | 0                          | 0                          | 0                          | 0                          |
| 5   | changed appearance of your nails   | 0                          | 0                          | 0                          | 0                          | 0                          |
| 6   | difficulty in gripping things  | 0                          | 0                          | 0                          | 0                          | 0                          |
| 7   | How different do your nails now look?  | 0                          | 0                          | 0                          | 0                          | 0                          |
| •   | In each line, please mark the box that best describes how the statement applied to you in the past week.   | not at all                 | somewhat                   | moderately                 | quite a bit                | >                          |
|   |  | not                        | sor                        | Б<br>Ш                     | dui                        | very                       |
| 8   | My nail psoriasis makes care of my nails difficult.  | O                          | O                          | 0                          | o dri                      | O                          |
| 8   | My nail psoriasis makes care of my nails difficult.  I often catch my nails on things.   |                            |                            |                            |                            |                            |
|   |  | 0                          | 0                          | 0                          | 0                          | 0                          |
| 9   | I often catch my nails on things.  | 0                          | 0                          | 0                          | 0                          | 0                          |
| 9   | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  | 0 0                        | 0 0                        | 0 0                        | 0 0                        | 0 0                        |
| 9<br>10<br>11                               | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  I cannot lead a normal working life because of my nail psoriasis.   | 0<br>0<br>0                | 0<br>0<br>0<br>0           | 0<br>0<br>0                | 0 0 0                      | 0<br>0<br>0                |
| 9<br>10<br>11<br>12                         | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  I cannot lead a normal working life because of my nail psoriasis.  My leisure and sports activities are restricted by my nail psoriasis.  Nail psoriasis is a burden on my relationship.  | 0<br>0<br>0<br>0           | 0<br>0<br>0<br>0           | 0<br>0<br>0<br>0           | 0<br>0<br>0<br>0           | 0<br>0<br>0<br>0           |
| 9<br>10<br>11<br>12<br>13                   | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  I cannot lead a normal working life because of my nail psoriasis.  My leisure and sports activities are restricted by my nail psoriasis.  Nail psoriasis is a burden on my relationship.  Or: O currently not in a relationship.  | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0           |
| 9<br>10<br>11<br>12<br>13                   | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  I cannot lead a normal working life because of my nail psoriasis.  My leisure and sports activities are restricted by my nail psoriasis.  Nail psoriasis is a burden on my relationship.  Or: O currently not in a relationship.  I avoid touching other people because of the nail psoriasis.  | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      |
| 9<br>10<br>11<br>12<br>13<br>14<br>15       | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  I cannot lead a normal working life because of my nail psoriasis.  My leisure and sports activities are restricted by my nail psoriasis.  Nail psoriasis is a burden on my relationship.  Or: O currently not in a relationship.  I avoid touching other people because of the nail psoriasis.  I try to hide my nails.   | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0      | 0<br>0<br>0<br>0<br>0<br>0 |
| 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | I often catch my nails on things.  My nail psoriasis makes working with my hands difficult.  I cannot lead a normal working life because of my nail psoriasis.  My leisure and sports activities are restricted by my nail psoriasis.  Nail psoriasis is a burden on my relationship.  Or: O currently not in a relationship.  I avoid touching other people because of the nail psoriasis.  I try to hide my nails.  I am embarrassed by the way my nails look. | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0 |

Please check once more to ensure that you have marked each statement with an "x".

0

0

0

0

20 I feel depressed or less self-confident due to the nail psoriasis.

# **IMPORTANCE OF TREATMENT GOALS (NAPPA-PBI, part 1)**

With the following questions, we would like to find out how important the stated goals are for you personally with regard to the **current treatment** of the nail psoriasis on your hands and/or feet.

■ For each of the following statements, please mark **how important** this treatment goal is to you. If a statement does not apply to you, e.g. because you do not work (Question 11), please mark "does not apply to me".

|    | As a result of treatment, how important is it for you to          | not at all | somewhat | moderately | quite a bit | very | does not<br>apply to me |
|----|---|------------|----------|------------|-------------|------|-------------------------|
| 1  | no longer have itchy fingers/toes                                 | 0          | 0        | 0          | 0           | 0    | 0                       |
| 2  | no longer have any pain or other discomfort in my fingers/toes    | 0          | 0        | 0          | 0           | 0    | 0                       |
| 3  | have firm nails (i.e. not brittle, thin, atrophied or coming off) | 0          | 0        | 0          | 0           | 0    | 0                       |
| 4  | no longer have hardened, thickened or raised nails                | 0          | 0        | 0          | 0           | 0    | 0                       |
| 5  | have normal looking nails   | 0          | 0        | 0          | 0           | 0    | 0                       |
| 6  | be able to grip things normally                                   | 0          | 0        | 0          | 0           | 0    | 0                       |
| 7  | be cured of all nail changes                                      | 0          | 0        | 0          | 0           | 0    | 0                       |
| 8  | have less trouble taking care of my nails                         | 0          | 0        | 0          | 0           | 0    | 0                       |
| 9  | no longer catch my nails on objects                               | 0          | 0        | 0          | 0           | 0    | 0                       |
| 10 | not be restricted in doing things with your hands                 | 0          | 0        | 0          | 0           | 0    | 0                       |
| 11 | be able to lead a normal working life                             | 0          | 0        | 0          | 0           | 0    | 0                       |
| 12 | be able to pursue normal leisure and sports activities            | 0          | 0        | 0          | 0           | 0    | 0                       |
| 13 | have less of a strain on your relationship                        | 0          | 0        | 0          | 0           | 0    | 0                       |
| 14 | feel comfortable touching other people                            | 0          | 0        | 0          | 0           | 0    | 0                       |
| 15 | no longer have to hide your nails                                 | 0          | 0        | 0          | 0           | 0    | 0                       |
| 16 | no longer have to be ashamed of your nails                        | 0          | 0        | 0          | 0           | 0    | 0                       |
| 17 | no longer have ugly nails   | 0          | 0        | 0          | 0           | 0    | 0                       |
| 18 | not experience negative reactions from others                     | 0          | 0        | 0          | 0           | 0    | 0                       |
| 19 | perceive fewer people staring at your nails                       | 0          | 0        | 0          | 0           | 0    | 0                       |
| 20 | feel better emotionally   | 0          | 0        | 0          | 0           | 0    | 0                       |
| 21 | find a clear diagnosis and treatment                              | 0          | 0        | 0          | 0           | 0    | 0                       |
| 22 | experience a rapid improvement of your nails                      | 0          | 0        | 0          | 0           | 0    | 0                       |
| 23 | to gain control of your disease                                   | 0          | 0        | 0          | 0           | 0    | 0                       |
| 24 | have confidence in the treatment                                  | 0          | 0        | 0          | 0           | 0    | 0                       |

Please check once more to ensure that you have marked each statement with an "x".

### **TREATMENT BENEFIT (NAPPA-PBI, part 2)**

O No treatment of the nail psoriasis over the last 12 months (→ please continue on the next page!)

■ Please mark each of the following statements according to the extent that these treatment goals were achieved, thereby indicating if the treatment has benefited you. If a statement did not apply to you, e.g. because you were not working (Question 11), please mark "did not apply to me".

|    | So far the treatment has helped me to                             | not at all | somewhat | moderately | quite a bit | very | did not apply<br>to me |
|----|---|------------|----------|------------|-------------|------|------------------------|
| 1  | no longer have itchy fingers/toes                                 | 0          | 0        | 0          | 0           | 0    | 0                      |
| 2  | no longer have any pain or other discomfort in my fingers/toes    | 0          | 0        | 0          | 0           | 0    | 0                      |
| 3  | have firm nails (i.e. not brittle, thin, atrophied or coming off) | 0          | 0        | 0          | 0           | 0    | 0                      |
| 4  | no longer have hardened, thickened or raised nails                | 0          | 0        | 0          | 0           | 0    | 0                      |
| 5  | have normal looking nails   | 0          | 0        | 0          | 0           | 0    | 0                      |
| 6  | be able to grip things normally                                   | 0          | 0        | 0          | 0           | 0    | 0                      |
| 7  | be cured of all nail changes                                      | 0          | 0        | 0          | 0           | 0    | 0                      |
| 8  | have less trouble taking care of my nails                         | 0          | 0        | 0          | 0           | 0    | 0                      |
| 9  | no longer catch my nails on objects                               | 0          | 0        | 0          | 0           | 0    | 0                      |
| 10 | not be restricted in doing things with my hands                   | 0          | 0        | 0          | 0           | 0    | 0                      |
| 11 | be able to lead a normal working life                             | 0          | 0        | 0          | 0           | 0    | 0                      |
| 12 | be able to pursue normal leisure and sports activities            | 0          | 0        | 0          | 0           | 0    | 0                      |
| 13 | have less of a strain on my relationship                          | 0          | 0        | 0          | 0           | 0    | 0                      |
| 14 | feel comfortable touching other people                            | 0          | 0        | 0          | 0           | 0    | 0                      |
| 15 | no longer have to hide your nails                                 | 0          | 0        | 0          | 0           | 0    | 0                      |
| 16 | no longer have to be ashamed of my nails                          | 0          | 0        | 0          | 0           | 0    | 0                      |
| 17 | no longer have ugly nails   | 0          | 0        | 0          | 0           | 0    | 0                      |
| 18 | not experience negative reactions from others                     | 0          | 0        | 0          | 0           | 0    | 0                      |
| 19 | perceive fewer people staring at my nails                         | 0          | 0        | 0          | 0           | 0    | 0                      |
| 20 | feel better emotionally   | 0          | 0        | 0          | 0           | 0    | 0                      |
| 21 | find a clear diagnosis and treatment                              | 0          | 0        | 0          | 0           | 0    | 0                      |
| 22 | experience a rapid improvement of your nails                      | 0          | 0        | 0          | 0           | 0    | 0                      |
| 23 | to gain control of your disease                                   | 0          | 0        | 0          | 0           | 0    | 0                      |
| 24 | have confidence in the treatment                                  | 0          | 0        | 0          | 0           | 0    | 0                      |

Please check once more to ensure that you have marked each statement with an "x".

### **CLINICAL SEVERITY OF NAIL PSORIASIS (NAPPA-CLIN)**

Please indicate how many quadrants (0-4) of the nail are affected by a nail matrix psoriasis (leukonychia, red spots, dots, nail plate crumbling) and how many quadrants are affected by psoriasis of the nail bed (oil drop, splinter haemorrhage, subungual hyperkeratosis, onycholysis).



4 quadrants

bed

bed

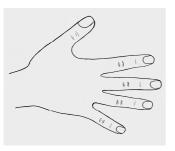
Please record the severity of nail psoriasis for <u>only</u> the **worst affected finger** and for the **least affected finger**:



| Number of affected | matrix | bed |
|--------------------|--------|-----|
| quadrants:         |        |     |

| little finger | <u> </u>  | <u> _ </u> |
|---------------|-----------|------------|
| ring finger   | <u> </u>  |            |
| middle finger | <u> </u>  | <u>  </u>  |
| index finger  | <u>  </u> |            |
| thumb         |           |            |

right hand



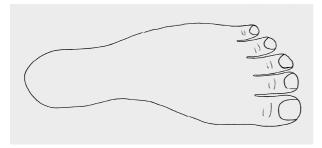
| Number of affected |  |
|--------------------|--|
| quadrants:         |  |

| quadrants:    |           |           |
|---------------|-----------|-----------|
| thumb         |           |           |
| index finger  | <u>  </u> |           |
| middle finger | <u>  </u> | <u>  </u> |
| ring finger   |           |           |
| little finger |           |           |

matrix

Please record the severity of nail psoriasis for <u>only</u> the **worst affected toe** and the **least affected toe**:

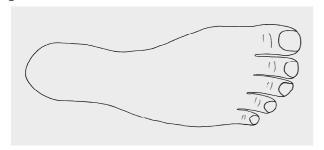
left foot



Number of affected matrix bed quadrants:

| little toe (D. minimus) |            |            |
|-------------------------|------------|------------|
| Digitus IV              |            |            |
| Digitus III             |            | <u>  </u>  |
| Digitus II              |            |            |
| big toe (hallux)        | <u> _ </u> | <u> _ </u> |

#### right foot



# Number of affected matrix quadrants:

| big toe (hallux)        | <u> </u>   | <u>  </u> |
|-------------------------|------------|-----------|
| Digitus II              | <u>  </u>  | <u>  </u> |
| Digitus III             |            |           |
| Digitus IV              |            |           |
| little toe (D. minimus) | <u> _ </u> | <u>  </u> |