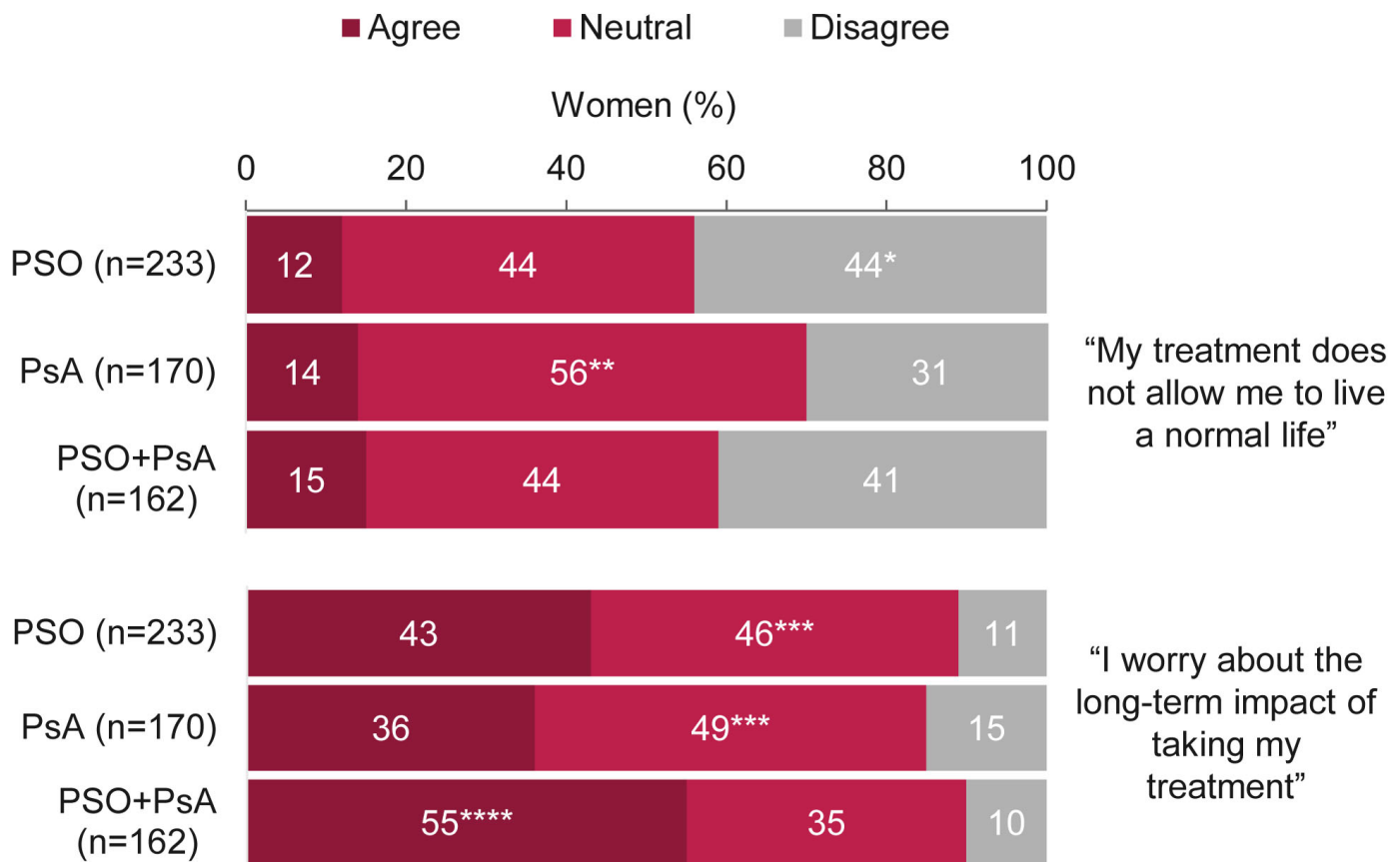
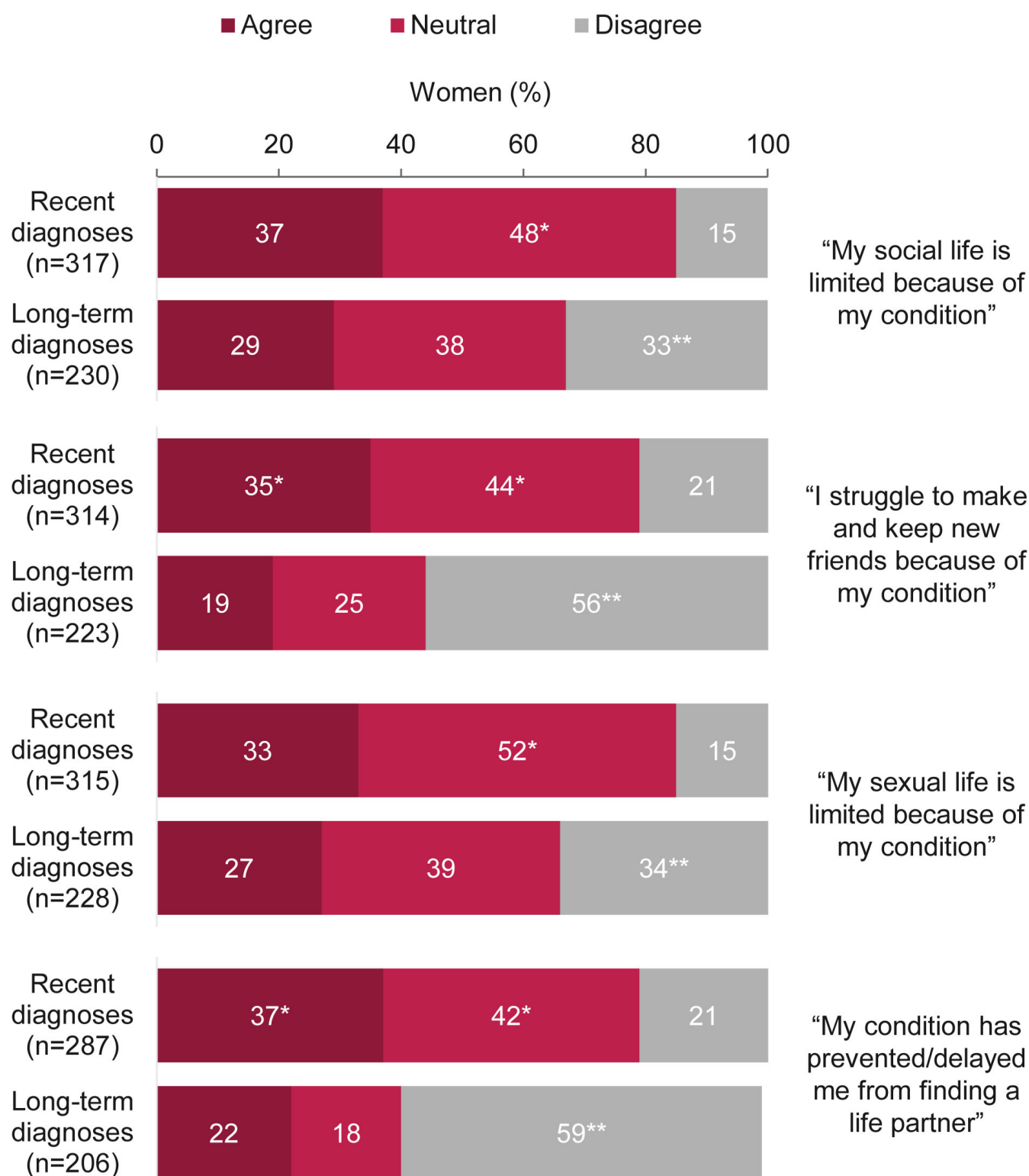


Figure S1. Agreement with statements relating to treatment



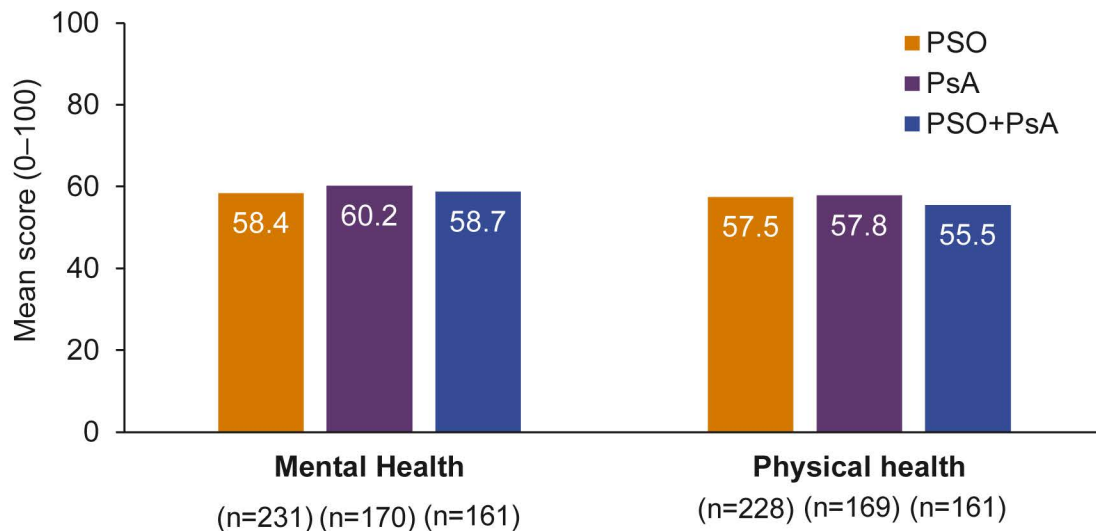
*Significant when compared to the PsA group; **Significant when compared to the PSO and PSO+PsA groups; ***Significant when compared to the PSO+PsA group; ****Significant when compared to the PSO and PsA groups. Agreement was defined by a rating of 6 or 7 on a 7-point Likert scale when asked 'How well do each of the following statements apply to you?'; "neutral" indicates a rating of 3–5 and "disagree" indicates a rating of 1 or 2. Data are reported as percentages of women (the number of respondents selecting each answer divided by the total number of respondents to that question); women were not required to answer every question so missing respondents were not included in proportions. Overall, 573 women were asked this question. PsA: psoriatic arthritis; PSO: psoriasis.

Figure S2. Agreement with statements on the social effects of diagnosis, stratified by time since diagnosis (pooled diagnoses)



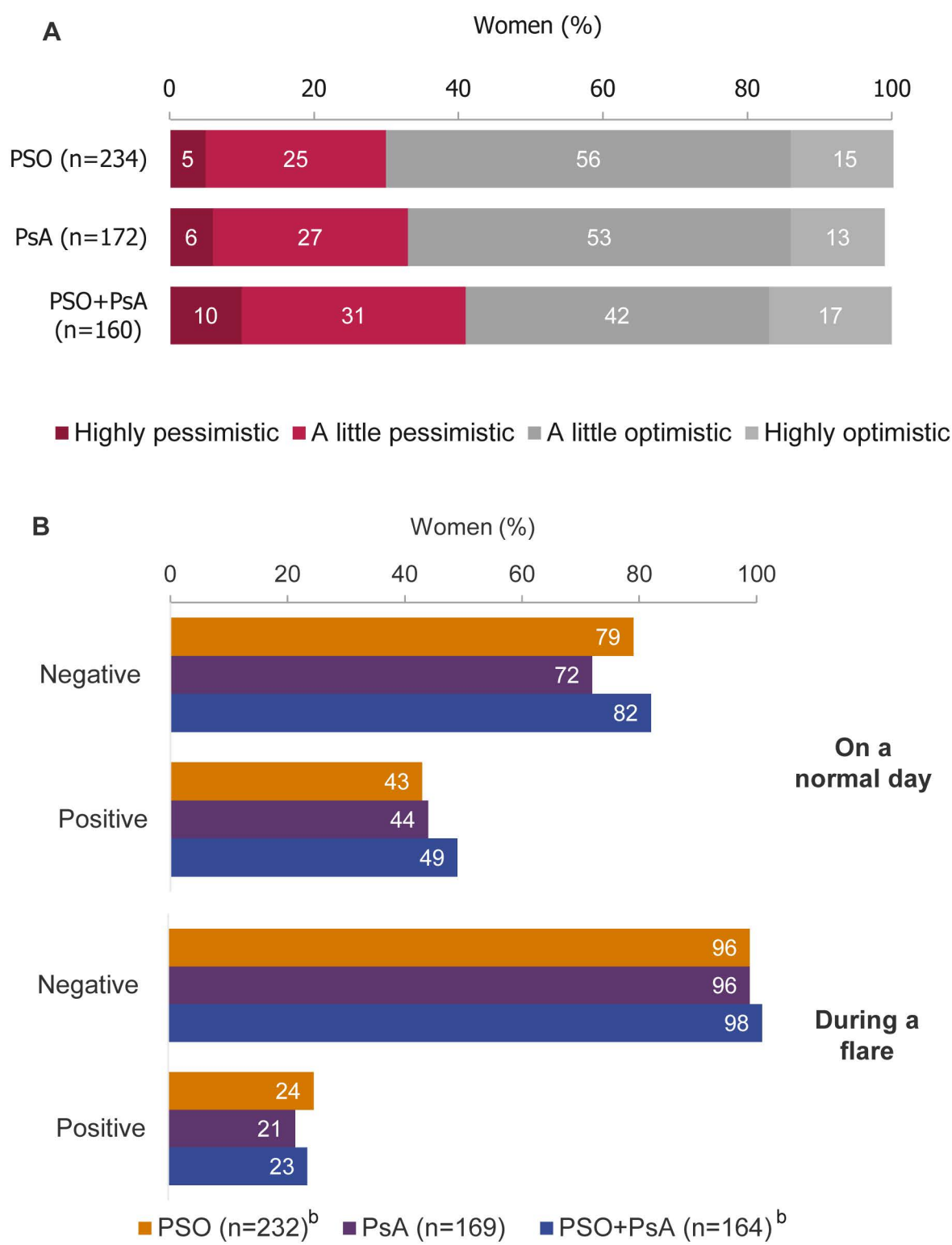
*Significant when compared with the 'long-term diagnoses' group; **Significant when compared with the 'recent diagnoses' group ($p < 0.05$). Agreement was defined by a rating of 6 or 7 on a 7-point Likert scale when asked 'How well do each of the following statements apply to you?'; "neutral" indicates a rating of 3–5 and "disagree" indicates a rating of 1 or 2. Recent diagnosis included those diagnosed ≤ 5 years ago and long-term diagnosis included those diagnosed > 5 years ago. Percentages may not add up to 100 due to rounding. Data are reported as percentages of women (the number of respondents selecting each answer divided by the total number of respondents to that question); women were not required to answer every question so missing respondents were not included in proportions. Overall, 573 women were asked this question. PsA: psoriatic arthritis; PSO: psoriasis.

Figure S3. Mean overall mental and physical health scores reported by women at the time of survey, stratified by disease group



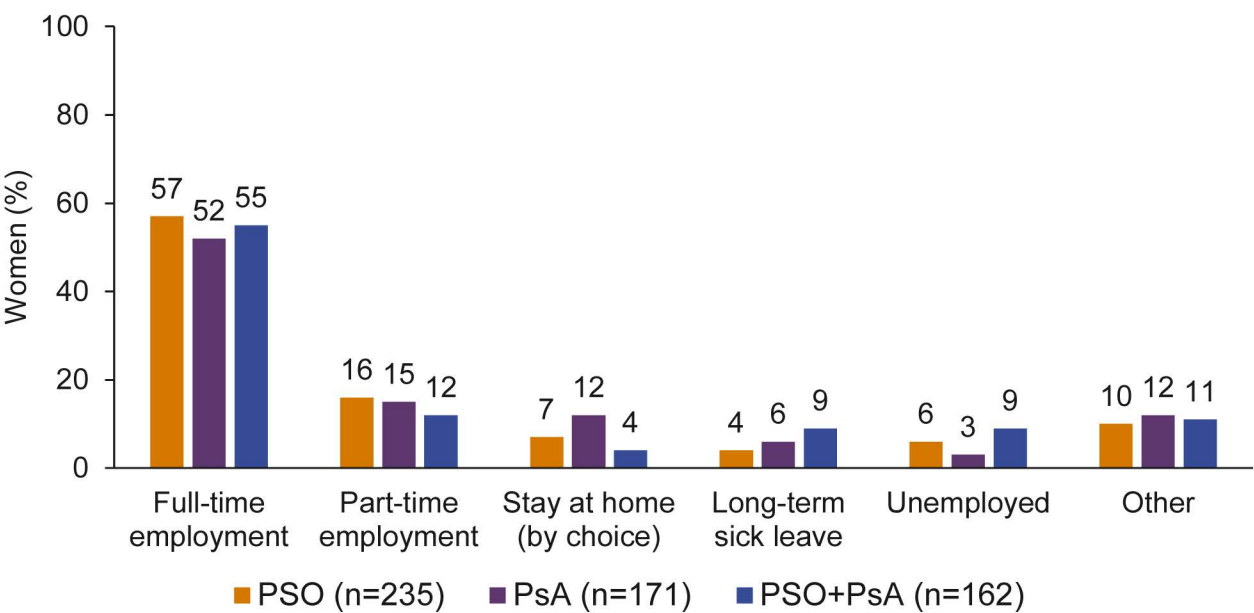
Mental and physical health was rated on a 1–100 scale (whole numbers only), where 100 indicated best health imaginable. Data are reported as percentages of women (the number of respondents selecting each answer divided by the total number of respondents to that question); women were not required to answer every question so missing respondents were not included in proportions. Overall, 573 women were asked these questions. PsA: psoriatic arthritis; PSO: psoriasis.

Figure S4. A) The percentage of women reporting pessimistic and optimistic feelings about the future,^a and **B)** the percentage of women reporting negative and positive emotions on a normal day and during a disease-flare



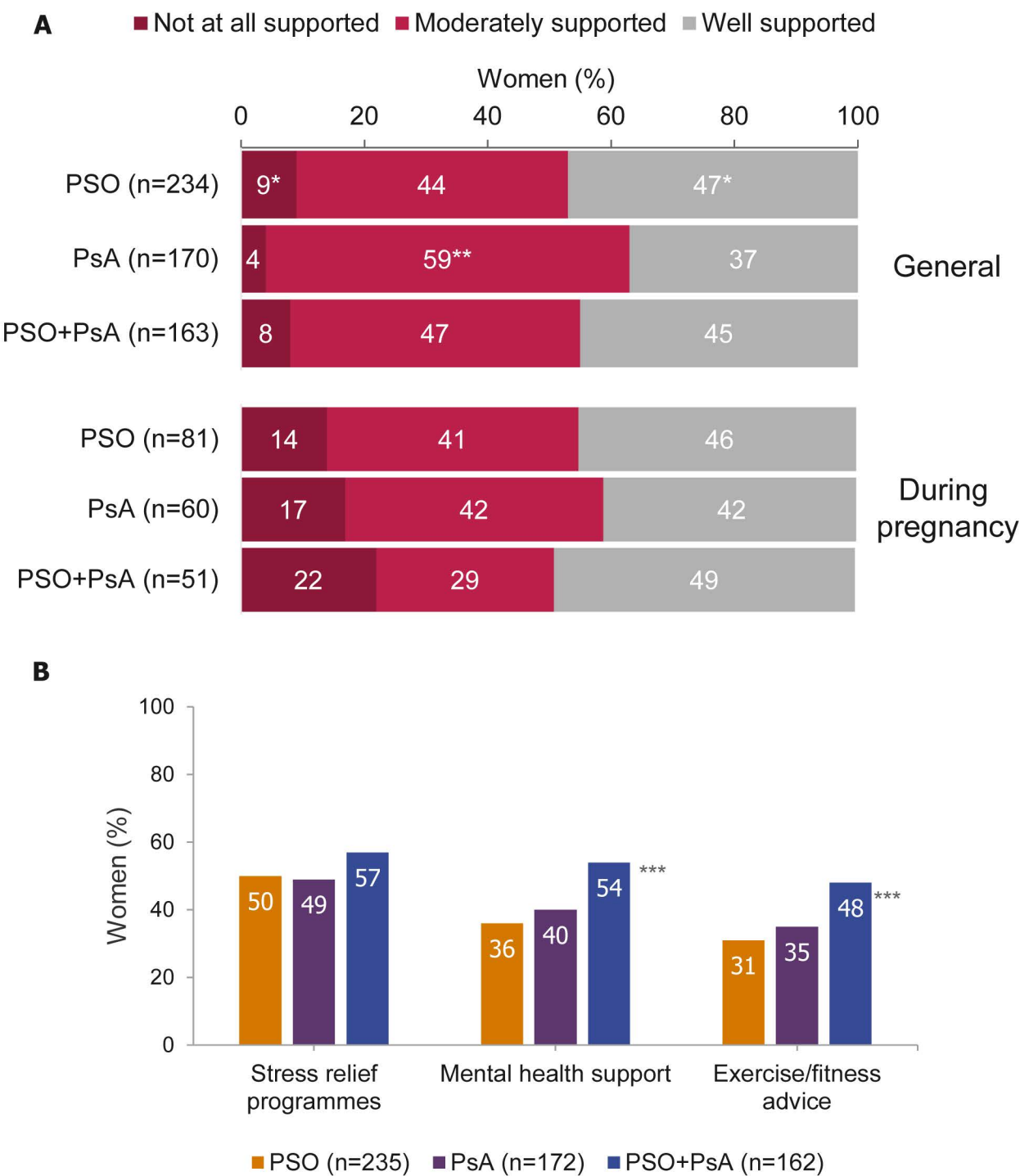
^aPercentages may not add up to 100 due to rounding. ^bFor the PSO and PSO+PsA groups, respondent numbers differed for the 'During a flare' question (PSO [n=233], PSO+PsA [n=163]). Data are reported as percentages of women (the number of respondents selecting each answer divided by the total number of respondents to that question); women were not required to answer every question so missing respondents were not included in proportions. Overall, 573 women were asked these questions. PsA: psoriatic arthritis; PSO: psoriasis.

Figure S5. Employment status by diagnosis (n=573)



“Other” includes women who reported their employment status as student, self-employed and other. Data are reported as percentages of women (the number of respondents selecting each answer divided by the total number of respondents to that question); women were not required to answer every question so missing respondents were not included in proportions. Women were not required to answer this question. PsA: psoriatic arthritis; PSO: psoriasis.

Figure S6. A) The level of support reported by women from the medical professionals managing their condition, both generally and during pregnancy^a and **B)** The percentage of women requesting access to different support services to help with their condition



*Significant when compared to the PsA disease group; **Significant when compared to the PSO and PSO+PsA disease group; ***Significant when compared to the PSO and PsA disease groups ($p<0.05$).^aWomen answering the pregnancy-related part of this question were currently pregnant or had given birth in the last five years ($n=199$); “well supported” was defined by a rating of 6 or 7 on a 7-point Likert scale when asked ‘To what extent do you feel you have been supported by doctors and medical professionals?’; “moderately supported” indicates a rating of 3–5 and “not at all supported” indicates a rating of 1 or 2. Percentages may not add up to 100 due to rounding. Data are reported as percentages of women (the number of respondents selecting each answer divided by the total number of respondents to that question); women were not required to answer every question so missing respondents were not included in proportions. PsA: psoriatic arthritis; PSO: psoriasis.

1 **Table S1.** Questions and response options from the patient survey

ELIGIBILITY SECTION					
S1. Do you or does anyone in your immediate family work in any of the following areas?					
<i>Please select all that apply.</i>					
1. Advertising agency or public relations firm	2. Marketing research firm or market research department of a company	3. Marketing firm or marketing department of a company	4. Newspaper or magazine publishing company	5. Manufacturer, distributor or sales of medications or medical equipment	
6. Physician's office	7. Hospital or healthcare clinic	8. Government health agency	9. None of the above		
S2. Please indicate your gender					
<i>Please select one of the below.</i>					
1. Male			2. Female		
S3. Please indicate your age, and/or the band you fall into					
<i>Please select at least one.</i>					
1. Under 18 years	2. 18–25 years	3. 26–35 years	4. 36–45 years	5. 45+ years	
S4. Which one of these best describes you?					
<i>Please select one.</i>					
1. I have been diagnosed by a doctor as having chronic Plaque Psoriasis	2. I have been diagnosed by a doctor as having chronic Psoriatic Arthritis	3. I have been diagnosed by a doctor as having both Psoriatic Arthritis and Plaque Psoriasis	4. None of the above apply to me		
If both PsA and PsO (S4=3), ask S5a and S5b					
S5a. You said you have been diagnosed with both chronic Plaque Psoriasis and Psoriatic Arthritis. Which were you diagnosed with first?					
<i>Please select one.</i>					
1. Plaque Psoriasis		2. Psoriatic Arthritis		3. Don't know	
S5b. And which do you consider to be your main diagnosis?					
<i>Please select one.</i>					
1. Plaque Psoriasis			2. Psoriatic Arthritis		
S6. When were you first diagnosed with it?					
<i>Please select one.</i>					
1. Less than twelve months ago	2. Twelve months to 3 years ago	3. More than 3 years ago to 5 years ago	4. More than 5 years ago to 10 years ago	5. More than 10 years ago	6. I do not know
S7. To what extent does your chronic Psoriasis or Psoriatic Arthritis impact your daily life?					
<i>Please select one.</i>					
1. Not at all	2. A little	3. A moderate amount	4. A significant amount	5. It impacts everything	
S8. How would your doctor describe the severity on your symptoms?					
<i>Please select one.</i>					
1. Mild	2. Moderate	3. Severe	4. Don't know/Unsure		
S9. And how would you describe the severity of your symptoms?					
<i>Please select one.</i>					
1. Mild	2. Moderate	3. Severe	4. Don't know/Unsure		
S10. Do you experience joint pains?					
<i>Please select one.</i>					

1. Yes, but only mildly or infrequently	2. Yes, frequently or severely	3. No
S11. Please indicate the number of different biologics (injections and infusions) you have been prescribed specifically for your condition		
<i>Please select one.</i>		
1. One	2. Two	3. Three
4. Four	5. Five or more	

1

Section A: Profiling					
A1. When were you first prescribed your current biologic medication?					
<i>Please select one.</i>					
1. In the last three months	2. In the last six months	3. In the last year	4. In the last two years	5. Longer ago than this	6. Prefer not to answer
A2. What type of medical professional currently manages your plaque psoriasis/psoriatic arthritis treatment?					
<i>Please select one.</i>					
1. Dermatologist	2. Rheumatologist	3. General Practitioner/Family doctor			
4. Nurse	5. Other	6. Prefer not to answer			
A3. And what type of doctor first diagnosed you with chronic Plaque Psoriasis/Psoriatic Arthritis?					
<i>Please select one.</i>					
1. Dermatologist	2. Rheumatologist	3. General Practitioner/Family doctor	4. Other	5. Prefer not to answer	
Ask A4 if PSO patient (S4=1 OR S4=3)					
A4. Please indicate which parts of your body are currently affected by Plaque Psoriasis in the column on the left. Then for each you select, tell us the severity of it in each of these locations.					
Areas currently affected	<i>Please select all that apply</i>	Mild	Moderate	Severe	
Fingernails	<input type="checkbox"/>	0	0	0	
Palms	<input type="checkbox"/>	0	0	0	
Other part of hands	<input type="checkbox"/>	0	0	0	
Elbows	<input type="checkbox"/>	0	0	0	
Arms	<input type="checkbox"/>	0	0	0	
Back	<input type="checkbox"/>	0	0	0	
Buttocks	<input type="checkbox"/>	0	0	0	
Groin and/or genitals	<input type="checkbox"/>	0	0	0	
Chest	<input type="checkbox"/>	0	0	0	
Abdomen	<input type="checkbox"/>	0	0	0	
Scalp	<input type="checkbox"/>	0	0	0	
Face	<input type="checkbox"/>	0	0	0	
Neck	<input type="checkbox"/>	0	0	0	
Legs	<input type="checkbox"/>	0	0	0	
Knees	<input type="checkbox"/>	0	0	0	
Soles of feet	<input type="checkbox"/>	0	0	0	
Other parts of feet	<input type="checkbox"/>	0	0	0	
Toenails	<input type="checkbox"/>	0	0	0	

Prefer not to answer	<input type="checkbox"/>				
Ask A5 if PsA patient (S4=2 OR S4=3)					
A5. And now please indicate which parts of your body you experience Psoriatic Arthritis joint pain in the column on the left. Then for each you select, tell us the severity of it in each of these locations.					
Areas currently affected	<i>Please select all that apply</i>	Mild	Moderate	Severe	
Fingers or Hands	<input type="checkbox"/>	0	0	0	
Neck	<input type="checkbox"/>	0	0	0	
Arms	<input type="checkbox"/>	0	0	0	
Elbows	<input type="checkbox"/>	0	0	0	
Back	<input type="checkbox"/>	0	0	0	
Hips	<input type="checkbox"/>	0	0	0	
Groin	<input type="checkbox"/>	0	0	0	
Knees	<input type="checkbox"/>	0	0	0	
Heels	<input type="checkbox"/>	0	0	0	
Feet or Toes	<input type="checkbox"/>	0	0	0	
Prefer not to answer	<input type="checkbox"/>				
A5a. To what extent are each of the following a concern for you?					
<i>Please select one option per row.</i>					
	1- Not a concern	2	3	4	5 – Great concern
Itching	0	0	0	0	0
Stinging or Burning	0	0	0	0	0
Pain	0	0	0	0	0
Soreness	0	0	0	0	0
Appearance	0	0	0	0	0
Joint pain	0	0	0	0	0
Cracking or bleeding skin	0	0	0	0	0
Prefer not to answer	<input type="checkbox"/>				
A6. How is your Plaque Psoriasis/Psoriatic Arthritis now compared to a year ago?					
<i>Please select one.</i>					
Much worse now (more sites and more severe)	Somewhat worse now (more sites or more severe)	About the same now	Somewhat better now (fewer sites or less severe)	Much better (fewer sites and less severe)	Prefer not to answer
A7. Please select any other conditions/illnesses that you are/have been diagnosed with.					
<i>Please select all that apply.</i>					
Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>		
Depression/anxiety/other mental health issues	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>		
High blood pressure/hypertension	<input type="checkbox"/>	Inflammatory bowel disease (IBD)	<input type="checkbox"/>		
Heart disease (including heart failure and experience of heart attack or stroke)	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>		

Liver disease	<input type="checkbox"/>	Crohn's disease	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	Ulcerative colitis	<input type="checkbox"/>
Respiratory conditions (including COPD and Asthma)	<input type="checkbox"/>	Axial spondylarthritis / ankylosing spondylitis	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>
Sjogren's Disease	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Dactylitis (inflammation of the fingers or toes)	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Dyslipidaemia (High cholesterol)	<input type="checkbox"/>	Stomach ulcer	<input type="checkbox"/>
Uveitis/inflammation in the eyes	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
Enthesitis (inflammation of the tendons or ligaments)	<input type="checkbox"/>	Migraine/headaches	<input type="checkbox"/>
SLE (Lupus)	<input type="checkbox"/>	Other (please specify_____)	<input type="checkbox"/>
None of these	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

A8. How many flares or flare-ups have you experienced in the last 12 months?

A flare up is any worsening of your psoriasis' skin symptoms being either 1) new psoriasis patches in previously uninvolved skin or 2) a worsening of your psoriasis symptoms in skin already affected by psoriasis.

Skin flares/flare-ups:	Prefer not to answer	<input type="checkbox"/>
Joint pain flares/flare-ups:		

Show A9-A12 if A8>0

A9. Thinking about your most recent flare, how in control did you feel?

Please answer using the 7-point scale below.

1 = Not at all in control 7 = Fully in control X = Prefer not to answer	Answer:
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A10. When was your last flare?

Please select one.

1. Within the last month	2. 1–2 months ago	3. 3–4 months ago	4. 5–6 months ago	5. More than 6 months ago	6. Prefer not to answer
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A11. Thinking about this most recent flare, would you say it was:

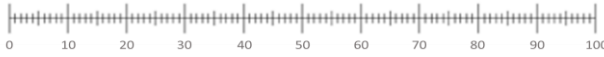
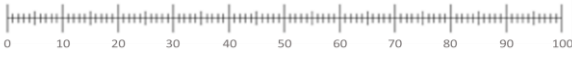
Please select one.

1. A lot more severe than other flares I've had	2. Slightly more severe than other flares I've had	3. About the same as other flares I've had	4. Slightly less severe than other flares I've had	5. A lot less severe than other flares I've had	6. Prefer not to answer
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A12. And in your own words, please tell us what you think triggered your flare on that occasion

Please use the space below for your answer.

<input type="checkbox"/> Prefer not to answer

Section B: Psychological impact of PsO/PsA				
B1. Now we would like to know how good or bad your physical health is today. The scale below goes from 0 to 100. 0 means worst health you can imagine and 100 means best health you can imagine.				
<i>Please slide the scale to indicate how your health is today.</i>				
Worst physical health I can imagine		Best physical health I can imagine		
<input type="checkbox"/> Prefer not to answer				
B2. And now, thinking about your mental health today, where on the scale would you put yourself?				
<i>Please slide the scale to indicate how your mental health is today.</i>				
Worst mental health I can imagine		Best mental health I can imagine		
<input type="checkbox"/> Prefer not to answer				
B3. How optimistic do you feel about the future?				
<i>Please select one.</i>				
1. Highly optimistic	2. A little optimistic	3. A little pessimistic	4. Highly pessimistic	5. Prefer not to answer
B4. How does living with Plaque Psoriasis/Psoriatic Arthritis make you feel?				
<i>Please select any of the below that apply to you.</i>				
	On a normal day	When I flare/flare-up		
Irritated	0	0		
Frustrated	0	0		
Angry	0	0		
Ashamed	0	0		
Unattractive	0	0		
Worried	0	0		
Tired	0	0		
Sad	0	0		
Depressed	0	0		
Unwell	0	0		
Lonely	0	0		
Anxious	0	0		
Isolated	0	0		
Resigned	0	0		
Overwhelmed	0	0		
Resilient	0	0		
Courageous	0	0		
Other (specify)				
None of these	0	0		
<input type="checkbox"/> Prefer not to answer				
B5. Please take a look at these two contrasting statements. Please indicate where you personally fit between the two.				

<i>Please use the scale to select one.</i>				
My Plaque Psoriasis/Psoriatic Arthritis affects only my skin	2	3	4	My Plaque Psoriasis/Psoriatic Arthritis affects my whole body (inside my body and outside on my skin)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prefer not to answer				
B6. Here are another two contrasting statements. Please indicate where you personally fit between the two.				
<i>Please use the scale to select one.</i>				
I am full in control of my Plaque Psoriasis/Psoriatic Arthritis	2	3	4	My Plaque Psoriasis/Psoriatic Arthritis is fully in control of me
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prefer not to answer				

1

Section C: Impact of PsO/PsA on daily life					
C1: Below is a list of common things that people might go through. You may have experienced some or all of these already, others might not (yet) be relevant.					
<i>For each you have experienced, please select how stressed you felt at each of these.</i>					
	Not particularly stressful	A little stressed	Moderately stressed	Severely stressed	Does not apply to me
Being at school/in education	0	0	0	0	0
Studying for exams	0	0	0	0	0
Losing a loved one	0	0	0	0	0
Attending job interviews/starting a new job	0	0	0	0	0
Moving house	0	0	0	0	0
Marriage	0	0	0	0	0
Divorce or ending a long term relationship	0	0	0	0	0
Being out of work	0	0	0	0	0
Financial hardship	0	0	0	0	0
Dating/finding a partner	0	0	0	0	0
Trying to conceive	0	0	0	0	0
Becoming a new parent	0	0	0	0	0
Breastfeeding	0	0	0	0	0
<input type="checkbox"/> Prefer not to answer					

C2. And now tell us what kind of impact your Plaque Psoriasis/Psoriatic Arthritis had at each of these points in time.							
<i>For each you have experienced, please select how much of an impact you felt at each of these.</i>							
	My condition had no impact	More frequent flares	More severe flares	Worsening of symptoms	Did not have Psoriasis/PsA at this time		
Being in school/in education	0	0	0	0	0		
Studying for exams	0	0	0	0	0		
Losing a loved one	0	0	0	0	0		
Attending job interviews/starting a new job	0	0	0	0	0		
Moving house	0	0	0	0	0		
Marriage	0	0	0	0	0		
Divorce or ending a long term relationship	0	0	0	0	0		
Being out of work	0	0	0	0	0		
Financial hardship	0	0	0	0	0		
Dating/finding a partner	0	0	0	0	0		
Trying to conceive	0	0	0	0	0		
Becoming a new parent	0	0	0	0	0		
Breastfeeding	0	0	0	0	0		
<input type="checkbox"/> Prefer not to answer							
C3. How well do each of the following statements apply to you?							
<i>Please answer using a scale 1 to 7, where 1 is "Does not describe me at all" and 7 is "Describes me very well".</i>							
I have to limit the types and colours of clothing I wear	1	2	3	4	5	6	7
My social life is limited because of my PSO/PsA	1	2	3	4	5	6	7
I struggle to make and keep new friends because of my PSO/PsA	1	2	3	4	5	6	7
My sexual life is limited because of my PSO/PsA	1	2	3	4	5	6	7
My condition has created problems or arguments with my partner or close family members	1	2	3	4	5	6	7
My loved ones don't understand enough about PSO/PsA	1	2	3	4	5	6	7

My condition has prevented me/delayed me finding a life partner	1	2	3	4	5	6	7
My condition had an impact on the number of children I had, or am planning to have	1	2	3	4	5	6	7
My condition stops me from being the mum I want to be	1	2	3	4	5	6	7
I try to hide my condition from other people	1	2	3	4	5	6	7
I have had relationships end because my friends, spouse or significant other does not accept my condition	1	2	3	4	5	6	7
I feel stigmatised because of my condition	1	2	3	4	5	6	7
I don't understand enough about my condition	1	2	3	4	5	6	7
It seems that, because of my condition, I'm not 'me' anymore	1	2	3	4	5	6	7
I am worried that my children may inherit my condition	1	2	3	4	5	6	7
I worry about my ability to cope with the administrative tasks and paperwork related to managing my disease (e.g. insurance forms, retirement accounts)	1	2	3	4	5	6	7
I am afraid of going near other people who might be ill, due to my weak immune system	1	2	3	4	5	6	7
<input type="checkbox"/> Prefer not to answer							
C4. On what occasions, if any, do you feel particularly stigmatised or unfairly marked out by your Plaque Psoriasis/Psoriatic Arthritis?							

<i>Please answer in the space below.</i>
<input type="checkbox"/> Prefer not to answer

1

Section D: Impact of PsO/PsA treatments on daily life							
D1. How well do each of the following statements about your treatment apply to you?							
<i>Please answer using a scale of 1 to 7, where 1 is "Does not describe me at all", and 7 is "Describes me very well".</i>							
I feel embarrassed by the process of my treatment	1	2	3	4	5	6	7
My treatment enables me to live a normal life	1	2	3	4	5	6	7
Beyond my medication, I'm not sure what else I can do, or what other possibilities are open to me on top of medication	1	2	3	4	5	6	7
I am well aware of the support services and help options available to me	1	2	3	4	5	6	7
I worry about the long-term impact of taking my treatment	1	2	3	4	5	6	7
My treatment regularly causes me pain or discomfort	1	2	3	4	5	6	7
<input type="checkbox"/> Prefer not to answer							
D2. And how well do each of the following statements about your relationship with the medical team that treats you?							
<i>Please answer using a scale of 1 to 7, where 1 is "Does not describe me at all" and 7 is "Describes me very well".</i>							
I have confidence in the doctor(s) treating and managing my condition	1	2	3	4	5	6	7
My doctor(s) and their team helped me understand the emotional impact of living with my condition	1	2	3	4	5	6	7
My doctor(s) and their team are honest with me about what I can realistically expect from my treatment	1	2	3	4	5	6	7
I have enough face-to-face time with the doctor(s) treating my condition	1	2	3	4	5	6	7

When I started my current treatment, I was given all the information and support that I needed	1	2	3	4	5	6	7
When my doctor was explaining my treatment to me, I had the opportunity to ask questions about my condition and treatment	1	2	3	4	5	6	7
If my treatment started affecting me in an undesirable way, I'd immediately tell my doctor	1	2	3	4	5	6	7
My doctors and their teams are working well together to share relevant information about my health and treatment with me	1	2	3	4	5	6	7
My doctor and I agree on what we are aiming to achieve	1	2	3	4	5	6	7
My doctor and I are both equally involved in the decisions made about my treatment	1	2	3	4	5	6	7
<input type="checkbox"/> Prefer not to answer							
D3. Roughly speaking, how often do you forget to take your treatment/miss a dose?							
<i>Please select one.</i>							
1. Frequently	2. Sometimes	3. Very occasionally	4. Never or almost never	5. Prefer not to answer			
D4. Have you ever decided to stop or pause your biologic treatment temporarily, or considered doing this?							
<i>Please select one.</i>							
1. Yes – I stopped my biologic treatment for a time	2. No, but I seriously considered it		3. No, and have not considered doing so		4. Prefer not to answer		
Show D5 if D4=1							
D5. Did you tell your doctor you had stopped your treatment?							
<i>Please select one.</i>							
1. Yes		2. No			3. Prefer not to answer		
If stopped treatment (D4=1), ask D6							
D6. What circumstances led you to stopping your treatment temporarily?							
<i>Please select all that apply.</i>							
My side-effects became hard to tolerate				<input type="checkbox"/>			
My condition worsened				<input type="checkbox"/>			
My condition improved (for example there are no symptoms visible on my skin)				<input type="checkbox"/>			
I was trying to conceive/trying for a baby				<input type="checkbox"/>			

I was pregnant	<input type="checkbox"/>						
I was breastfeeding	<input type="checkbox"/>						
I needed to save money or could not afford treatment	<input type="checkbox"/>						
I had surgery	<input type="checkbox"/>						
I wanted to go on holiday/needed to travel abroad	<input type="checkbox"/>						
Other (please specify)							
<input type="checkbox"/> Prefer not to answer							
If not yet stopped treatment (D4=2 or 3), ask D7							
D7. In what circumstances, if any, would you consider stopping your treatment temporarily							
<i>Please select all that apply.</i>							
If the side-effects became hard to tolerate	<input type="checkbox"/>						
If my condition worsened	<input type="checkbox"/>						
If my condition improved (for example there are no symptoms visible on my skin)	<input type="checkbox"/>						
To try to conceive/to try for a baby	<input type="checkbox"/>						
If I was pregnant	<input type="checkbox"/>						
To breastfeed	<input type="checkbox"/>						
If I needed to save money	<input type="checkbox"/>						
If I planned to have surgery	<input type="checkbox"/>						
If I wanted to go on holiday/needed to travel abroad	<input type="checkbox"/>						
Other (please specify)							
<input type="checkbox"/> Prefer not to answer							
D8. To what extent, do you feel you have been well supported by doctors and medical professionals?							
<i>Please answer using a scale of 1 to 7, where 1 is "Not well supported at all", and 7 is "Supported very well".</i>							
1	2	3	4	5	6	7	Prefer not to answer
If scoring 1–4 at D8, ask D9							
D9. Why do you say that?							
<i>Please answer in the space below.</i>							
<input type="checkbox"/> Prefer not to answer							

1

Section E: Impact on professional life and finances	
E1. Which of the following best describe your current employment status?	
<i>Please select one.</i>	
Employed full time on an ongoing basis	<input type="checkbox"/>
Employed part time or on a short-term contract	<input type="checkbox"/>
Housewife/choose to stay at home	<input type="checkbox"/>
Unemployed and looking for employment	<input type="checkbox"/>
Student	<input type="checkbox"/>
On long-term sick leave or disability	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Other	<input type="checkbox"/>
<input type="checkbox"/> Prefer not to answer	
E2. In total, how long have you spent to date in employment?	

<i>Please answer in the space below.</i>							
_____ years							
<input type="checkbox"/> Prefer not to answer							
Show E3 only if codes 1, 2, 7 at E1							
E3. Briefly tell us what you do for a living							
<i>Please answer in the space below.</i>							
<input type="checkbox"/> Prefer not to answer							
E4. What proportion of your working life so far has been spent:							
<i>Please fill in the percentages below.</i>							
In employment							
	%						
Out of work through my own choosing (e.g. maternity leave, career breaks)							
	%						
Out of work not through my own choosing (e.g. unemployment, enforced absence, sick leave)							
	%						
<input type="checkbox"/> Prefer not to answer							
E5. Which of these best describes you?							
<i>Please select one.</i>							
I have met or exceeded my professional ambitions	<input type="checkbox"/>						
I have not had the career I wanted – but this is not because of my condition	<input type="checkbox"/>						
I have not had the career I wanted – and my condition is a major factor in preventing me having that career	<input type="checkbox"/>						
I didn't have any professional ambitions	<input type="checkbox"/>						
<input type="checkbox"/> Prefer not to answer							
E6. In a typical year, how many days do you take off sick, as a result of your Plaque Psoriasis/Psoriatic Arthritis?							
<i>Please answer in the space below.</i>							
_____ days per year							
<input type="checkbox"/> Prefer not to answer							
E7. Has your condition limited your choice of occupation? If so, in what ways?							
<i>Please answer in the space below.</i>							
<input type="checkbox"/> Prefer not to answer							
E8. How well do each of the following statements describe you?							
<i>Please answer using a scale of 1 to 7, where 1 is "Does not describe me at all" and 7 is "Describes me very well".</i>							
I am happy overall with my career	1	2	3	4	5	6	7
If I didn't suffer with [Plaque Psoriasis/Psoriatic Arthritis], I would have better career prospects	1	2	3	4	5	6	7

I feel discriminated against at work because of my condition	1	2	3	4	5	6	7
I worry that my job is at risk because of my condition	1	2	3	4	5	6	7
I earn less than colleagues doing the same job as me because of my condition	1	2	3	4	5	6	7
I am less productive than my colleagues because of my condition	1	2	3	4	5	6	7
I have had to take on debt or loans to make ends meet, because my condition has stopped me earning enough	1	2	3	4	5	6	7
The uniform or work clothing I have to wear in the workplace makes my symptoms worse	1	2	3	4	5	6	7
The environment or working conditions have an adverse effect on my condition	1	2	3	4	5	6	7

In the workplace, I have to ask other people to do some things for me because my condition restricts what I can do	1	2	3	4	5	6	7
Career paths and promotions are limited for me because of my condition	1	2	3	4	5	6	7
<input type="checkbox"/> Prefer not to answer							
E9. Here are two contrasting statements. Please indicate where you personally fit between the two							
<i>Please use the scale to indicate where you fit between the two.</i>							
1. I am fully in control of my work life	2	3	4	5. My Plaque Psoriasis/Psoriatic Arthritis dictates my work life			
<input type="checkbox"/> Prefer not to answer							
E10. Have you ever...							
<i>Please choose yes or no for each.</i>							
Been turned down for a job directly because of your condition				o Yes		o No	
Lost a job directly because of your condition				o Yes		o No	
Been denied a promotion directly because of your condition				o Yes		o No	
None of the above apply to me							
<input type="checkbox"/> Prefer not to answer							

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SECTION F: Family Planning					
F1. Which one of the following statements best describes you currently?					
<i>Please select one.</i>					
1. I am trying to conceive or expect to start trying soon	2. I am currently pregnant	3. I have given birth in the last year	4. I have given birth in the last 2-5 years	5. None of the above	6. Prefer not to answer
If pregnant or given birth (2–4 at F1), ask F2					
F2. Was your pregnancy:					
<i>Please select one.</i>					
1. Planned	2. Unintended	3. Prefer not to answer			
F3. How many children do you have, in each of the following age bands?					
<i>Please fill in the below.</i>					
Age 0 to 5:	Age 6 to 10:	Age 11 to 17:			

No children:		Prefer not to answer:						
F4. Which one of these statements best describes you?								
<i>Please select one.</i>								
1. I am planning to get pregnant in the next year	2. I am planning to get pregnant in the next 2–3 years	3. I have no plans to get pregnant, but expect it to happen at some point	4. I have decided not to have any (more) children					
<input type="checkbox"/> Prefer not to answer								
F5. How well do each of the following statements describe you?								
<i>Please answer using a scale of 1 to 7, where 1 is "Does not describe me at all." and 7 is "Describes me very well".</i>								
I am worried about the impact of my medication on my fertility	1	2	3	4	5	6	7	Does not apply
I am worried that my medication could have an effect on my unborn child	1	2	3	4	5	6	7	Does not apply
I'm worried that my condition might mean being unable to look after my new baby as well as I'd like	1	2	3	4	5	6	7	Does not apply
I have decided to have a smaller family – or even no children at all – because of my condition	1	2	3	4	5	6	7	Does not apply
I am more likely to pursue adoption because of my condition	1	2	3	4	5	6	7	Does not apply
My partner is worried about the impact of my condition on the pregnancy	1	2	3	4	5	6	7	Does not apply
I feel that I won't be able to breast feed because of my condition	1	2	3	4	5	6	7	Does not apply
I have had arguments and conflict with my partner specifically about my condition and treatment, and becoming pregnant	1	2	3	4	5	6	7	Does not apply
I feel I can't experience the same kind of pregnancy that women who don't have my condition would have	1	2	3	4	5	6	7	Does not apply

<input type="checkbox"/> Prefer not to answer			
Ask F6 if trying to conceive (F1=1)			
F6. In what ways, if any, have you changed your approach to managing your condition because you are trying for a baby?			
<i>Please select any that apply to you.</i>			
I have stopped my treatment	<input type="checkbox"/>		
I have reduced the dose or frequency of my treatment	<input type="checkbox"/>		
I have switched to another treatment on the recommendation of a doctor	<input type="checkbox"/>		
I have made diet or lifestyle changes	<input type="checkbox"/>		
I have done something else (please specify)			
No, I have not changed by approach	<input type="checkbox"/>		
<input type="checkbox"/> Prefer not to answer			
Ask F7 if trying to conceive or planned pregnancy (F1=1 or F2=1)			
F7. Did you consult a doctor or other medical professional once you had decided to try for a baby (and prior to becoming pregnant)?			
<i>Please select one.</i>			
1. Yes	2. No	3. Prefer not to answer	
Ask F8 if trying to conceive or planned pregnancy (F1=1 or F2=1)			
F8. What information sources did you use to find out more about managing your condition while trying for a baby?			
<i>Please answer in the space below.</i>			
<input type="checkbox"/> Prefer not to answer			
Ask F9 if trying to conceive or planned pregnancy (F1=1 or F2=1)			
F9. Did your partner or other family member or close friend find and share information with you?			
<i>Please select one.</i>			
1. Yes	2. No	3. Prefer not to answer	
Show F10-F11 only if code 1 selected at F9			
Ask F10 if trying to conceive or planned pregnancy (F1=1 or F2=1)			
F10. What did they share with you?			
<i>Please answer in the space below.</i>			
<input type="checkbox"/> Prefer not to answer			
Ask F11 if trying to conceive or planned pregnancy (F1=1 or F2=1)			
F11. And how useful was that information?			
1. Very useful	2. Fairly useful	3. Not useful	4. Prefer not to answer

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Section G: Pregnancy Journey
ASK SECTION G IF CURRENTLY PREGNANT OR HAVE GIVEN BIRTH IN LAST 5 YEARS (F1=2, 3 OR 4), OTHERWISE SKIP TO SECTION H

G1. Please think back to when you discovered you were (last) pregnant. Which of these words describe how you felt?				
<i>Please select all that apply.</i>				
1. Irritated	<input type="radio"/>	2. Frustrated	<input type="radio"/>	
3. Angry	<input type="radio"/>	4. Ashamed	<input type="radio"/>	
5. Unattractive	<input type="radio"/>	6. Worried	<input type="radio"/>	
7. Tired	<input type="radio"/>	8. Sad	<input type="radio"/>	
9. Depressed	<input type="radio"/>	10. Unwell	<input type="radio"/>	
11. Lonely	<input type="radio"/>	12. Anxious	<input type="radio"/>	
13. Isolated	<input type="radio"/>	14. Resigned	<input type="radio"/>	
15. Pleased	<input type="radio"/>	16. Joyous	<input type="radio"/>	
17. Excited	<input type="radio"/>	18. Relieved	<input type="radio"/>	
19. Shocked	<input type="radio"/>	20. Overwhelmed	<input type="radio"/>	
21. Scared	<input type="radio"/>	22. Other (specify: _____)	<input type="radio"/>	
23. None of these	<input type="radio"/>	24. Prefer not to answer	<input type="radio"/>	
G2. Thinking of your pregnancy 'journey', how well supported did you feel at each of these stages?				
<i>Please select one answer for each stage.</i>				
While thinking of starting a family				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
While trying to conceive				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
In the first trimester				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
In the second trimester				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
In the third trimester				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
During birth				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
In the immediate days following the birth (show only to those having given birth: F1=3 or 4)				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
In the weeks and months following birth (show only to those having given birth: F1=3 or 4)				
Very well supported	Somewhat well supported	Not very well supported	Not supported at all	
<input type="checkbox"/> Prefer not to answer				
G3. And how satisfied were you that the different medical professionals you saw while pregnant communicated with each other and understood your case?				
<i>Please select one.</i>				
1. Very satisfied	2. Fairly satisfied	3. Fairly dissatisfied	4. Very dissatisfied	5. Prefer not to answer
If dissatisfied (G3=3 or 4), ask G4				

G4. Why were you not satisfied?							
<i>Please answer in the space below.</i>							
<input type="checkbox"/> Prefer not to answer							
G5. Thinking about your pregnancy, how well supported did you feel, by each of the following?							
<i>Please use the 7-point scale below, where 1 means you had little or no support and 7 means you had all the support you needed.</i>							
The doctor or medical professional(s) managing your psoriasis/psoriatic arthritis	1	2	3	4	5	6	7
The doctor or medical professional(s) managing your pregnancy	1	2	3	4	5	6	7
Your partner	1	2	3	4	5	6	7
<input type="checkbox"/> Prefer not to answer							
G6. Did you do any of the follow while pregnant?							
<i>Please select all that apply.</i>							
Stop your <u>biologic</u> treatment for your [Plaque Psoriasis/Psoriatic Arthritis] on medical advice	Reduce the dose or frequency of your biologic treatment on medical advice						
Decide yourself to stop your <u>biologic</u> treatment for your [Plaque Psoriasis/Psoriatic Arthritis]	Decide yourself to reduce the dose or frequency of your biologic treatment						
Switch to another treatment for your [Plaque Psoriasis/Psoriatic Arthritis] on medical advice	Make diet or lifestyle changes on medical advice						
Decide yourself to switch to another treatment for your [Plaque Psoriasis/Psoriatic Arthritis]	Decide yourself to make diet or lifestyle changes						
None of these	Prefer not to answer						
G7. What information sources did you use to find out more about managing your condition while pregnant?							
<i>Please answer in the space below.</i>							
<input type="checkbox"/> Prefer not to answer							
G8. During your pregnancy, how many flares or flare-ups did you have?							
<i>A flare-up is any worsening of your psoriasis' skin symptoms being either 1) new psoriasis patches in previously uninvolved skin or 2) a worsening of your psoriasis symptoms in skin already affected by psoriasis</i>							
_____ skin flares or flare-ups during pregnancy							
_____ joint pain flares or flare-ups during pregnancy							
<input type="checkbox"/> Prefer not to answer							
Ask G9 if >0 flares at G8							

G9. And were those flares:							
<i>Please select one.</i>							
A lot worse than normal	<input type="radio"/>	A little worse than normal	<input type="radio"/>				
About the same as normal	<input type="radio"/>	A little less severe than normal	<input type="radio"/>				
A lot less severe than normal	<input type="radio"/>	Prefer not to answer	<input type="radio"/>				
Ask G10 if >0 flares at G8							
G10. And during these flares, did you feel:							
<i>Please select one.</i>							
A lot more worried than normal	<input type="radio"/>	A little more worried than normal	<input type="radio"/>				
No more worried than normal	<input type="radio"/>	A little less worried than normal	<input type="radio"/>				
A lot less worried than normal	<input type="radio"/>	Prefer not to answer	<input type="radio"/>				
Do not show G11 if F3 "no children" or "prefer not to answer"							
G11. Did you experience flares after being pregnant?							
1. Yes	2. No		3. Prefer not to answer				
Ask G12 if flared after pregnancy (G11=1)							
G12. Thinking about your post-pregnancy flares, how severe were these compared to flares before pregnancy? Were they:							
<i>Please select one.</i>							
A lot more severe than pre-pregnancy flares	<input type="radio"/>	Slightly more severe than pre-pregnancy flares	<input type="radio"/>				
About the same as my pre-pregnancy flares	<input type="radio"/>	Slightly less severe than pre-pregnancy flares	<input type="radio"/>				
A lot less severe than pre-pregnancy flares	<input type="radio"/>	Prefer not to answer	<input type="radio"/>				
If currently pregnant (F1=2), ask G13							
G13. Are you intending to breastfeed?							
<i>Please select one.</i>							
1. Yes	2. No		3. Prefer not to answer				
If given birth in the last year (F1=3), ask G14							
G14. Did you breastfeed?							
<i>Please select one.</i>							
1. Yes	2. No		3. Prefer not to answer				
G15. How well do each of the following statements describe you, relating to how you felt post-pregnancy?							
<i>Please answer using a scale of 1 to 7, where 1 is "Does not describe me at all" and 7 is "Describes me very well".</i>							
I was worried about experiencing more flares/ flare-ups or more severe flaring after giving birth	1	2	3	4	5	6	7
I was worried that my condition would prevent me from being the mum I want to be	1	2	3	4	5	6	7

I was given enough information to manage my condition post-pregnancy	1	2	3	4	5	6	7
My partner lacked enough information and support to help me post-pregnancy	1	2	3	4	5	6	7
I experienced post-natal depression, or felt depressed after having given birth	1	2	3	4	5	6	7
<input type="checkbox"/> Prefer not to answer							
G16. Have your experiences through your pregnancy [and post-pregnancy] made you:							
<i>Please select one.</i>							
More likely to try for another child	<input type="radio"/>		Less likely to try for another child		<input type="radio"/>		
No more or less likely to try for another child	<input type="radio"/>		Prefer not to answer			<input type="radio"/>	

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Section H: Demographics and wrap-up			
H1. Which of the following support services would you like to have, or be available to you, to give you more help in managing and living with your condition?			
<i>Please select all that apply.</i>			
Mental health support (such as psychological therapy)	<input type="radio"/>	Meditation techniques	<input type="radio"/>
Stress relief programmes, such as sophrology or yoga	<input type="radio"/>	Exercise and fitness advice	<input type="radio"/>
Counselling	<input type="radio"/>	Careers advice	<input type="radio"/>
Support groups with other Psoriatic disease patients	<input type="radio"/>	Advice on explaining your disease to other people	<input type="radio"/>
<input type="checkbox"/> None of these			
<input type="checkbox"/> Prefer not to answer			
H2. What [Plaque Psoriasis / Psoriatic Arthritis] associations are you a member of?			
<i>Please answer in the space below.</i>			
<input type="checkbox"/> Prefer not to answer			
H3. What is your marital status?			
<i>Please select one.</i>			
Single	<input type="checkbox"/>		
Married/registered partnership	<input type="checkbox"/>		
Divorced	<input type="checkbox"/>		
Separated	<input type="checkbox"/>		
Widowed	<input type="checkbox"/>		
Cohabiting/living with someone	<input type="checkbox"/>		
Prefer not to answer	<input type="checkbox"/>		
H4. Who is currently living in the household with you?			
<i>Please select all that apply</i>			
Spouse	<input type="checkbox"/>		

Child/children	<input type="checkbox"/>
I live alone	<input type="checkbox"/>
Parent(s)	<input type="checkbox"/>
Sibling	<input type="checkbox"/>
Other care giver	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Roommate, housemate or lodger	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>
H5. Do you currently live:	
<i>Please select one.</i>	
In a village or rural area	<input type="checkbox"/>
In a small town	<input type="checkbox"/>
In a large town	<input type="checkbox"/>
In the suburbs of a large city	<input type="checkbox"/>
In the middle of a large city	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>
H6. What is the highest level of school you have completed?	
<i>Please select one.</i>	
Attended school up to age 16 or younger	<input type="checkbox"/>
Attended school up to age 18 or younger	<input type="checkbox"/>
Professional or technical training after completing school	<input type="checkbox"/>
Attend university but not graduated	<input type="checkbox"/>
Bachelor's degree or college degree	<input type="checkbox"/>
Master's degree or higher	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>
H7. Approximately, which of the following options best reflects your annual total household income?	
<i>Please select one.</i>	
Up to £10,000	<input type="checkbox"/>
£10,000–£19,999	<input type="checkbox"/>
£20,000–£29,999	<input type="checkbox"/>
£30,000–£39,999	<input type="checkbox"/>
£40,000–£49,999	<input type="checkbox"/>
£50,000–£59,999	<input type="checkbox"/>
£60,000–£69,999	<input type="checkbox"/>
£70,000–£79,999	<input type="checkbox"/>
£80,000–£89,999	<input type="checkbox"/>
£90,000–£99,999	<input type="checkbox"/>

£100,000–£109,999	<input type="checkbox"/>
£110,000–£119,999	<input type="checkbox"/>
£120,000–£129,999	<input type="checkbox"/>
£130,000–£139,999	<input type="checkbox"/>
£140,000–£149,999	<input type="checkbox"/>
£150,000 or more	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

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Please note that this is a re-drawn representation of survey questions, so formatting differs to the original online survey.

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