

# PASI calculation and body diagram

Complete this section if your patient has severe chronic plaque psoriasis of the face, or a palm of a hand, or a sole of a foot

## Patient details

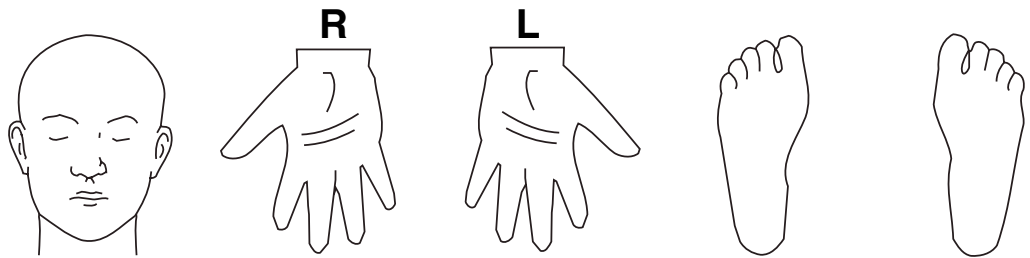
First Name  Dermatologist's name

Family Name  Date of assessment

Dermatologist's signature

Psoriasis Area and Severity Index (PASI); a quantitative rating scale for measuring the severity of psoriatic lesions based on area coverage and plaque appearance.

Please mark clearly on the diagrams below the extent of the affected area:



| Body region   |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| Please indicate the degree of involvement of the body region surface as a percentage  | FACE            | RIGHT PALM      | LEFT PALM       | RIGHT SOLE      | LEFT SOLE       |
|   |                 |                 |                 |                 |                 |
| OR  |                 |                 |                 |                 |                 |
| Please clearly indicate the plaque characteristics for each body region by circling the numbers which best correspond to the patient's skin condition (circle one number in each box) |                 |                 |                 |                 |                 |
| Erythema  | 0 = none        | 0 = none        | 0 = none        | 0 = none        | 0 = none        |
|   | 1 = slight      | 1 = slight      | 1 = slight      | 1 = slight      | 1 = slight      |
|   | 2 = moderate    | 2 = moderate    | 2 = moderate    | 2 = moderate    | 2 = moderate    |
|   | 3 = severe      | 3 = severe      | 3 = severe      | 3 = severe      | 3 = severe      |
|   | 4 = very severe | 4 = very severe | 4 = very severe | 4 = very severe | 4 = very severe |
| Thickness   | 0 = none        | 0 = none        | 0 = none        | 0 = none        | 0 = none        |
|   | 1 = slight      | 1 = slight      | 1 = slight      | 1 = slight      | 1 = slight      |
|   | 2 = moderate    | 2 = moderate    | 2 = moderate    | 2 = moderate    | 2 = moderate    |
|   | 3 = severe      | 3 = severe      | 3 = severe      | 3 = severe      | 3 = severe      |
|   | 4 = very severe | 4 = very severe | 4 = very severe | 4 = very severe | 4 = very severe |
| Scaling   | 0 = none        | 0 = none        | 0 = none        | 0 = none        | 0 = none        |
|   | 1 = slight      | 1 = slight      | 1 = slight      | 1 = slight      | 1 = slight      |
|   | 2 = moderate    | 2 = moderate    | 2 = moderate    | 2 = moderate    | 2 = moderate    |
|   | 3 = severe      | 3 = severe      | 3 = severe      | 3 = severe      | 3 = severe      |
|   | 4 = very severe | 4 = very severe | 4 = very severe | 4 = very severe | 4 = very severe |