Prior Psoriasis Treatments

1 Prior Treatments

1.1	Concomitant Medication Category	*CMCAT*
1.2	Has the subject had any psoriasis treatments before the study start?	○ Yes ○ No *CMOCCUR*

2 Prior Treatments (Log Lines)

2.1	What is the subcategory for the treatment?	○ Biologic ○ Non-Biologic ○ Phototherapy *CMSCAT*
2.2	What was the name of the treatment?	*CMTRT*
2.3	Route	○ Oral ○ Subcutaneous ○ Topical ○ Transdermal *CMROUTE*
2.4	If the treatment was systemic, what was the individual dose?	*CMDSTXT*
2.5	What was the unit?	○ CAPSULE ○ g ○ IU ○ mg ○ mL ○ PUFF ○ TABLET ○ ug ○ mg/kg *CMDOSU*

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2   Prior Treatments (Log Lines)

2.6	If the medication was a biologic, what device was used for drug administration?	○ Single-Dose Pen *CSPDEVID* ○ Multiple-Dose Pen ○ Pre-Filled Syringe ○ Syringe ○ Not Applicable
2.7	Start Date (DD-MMM-YYYY)	*CMSTDAT*
2.8	Is the treatment ongoing?	○ Yes *CMONGO* ○ No
2.9	End Date (DD-MMM-YYYY)	*CMENDAT*
2.10	What was the reason for treatment discontinuation?	○ Inadequate Efficacy *CMRSDISC* ○ Adverse Event ○ Other-Not Related to Efficacy/Adverse Events