### Original Article

# Level of treatment satisfaction among patients with psoriasis attending Teaching Hospital, Karapitiya, Sri Lanka

# A descriptive cross-sectional study

L C W Karunanayake<sup>1</sup>, B K S Wijenayaka<sup>2</sup>

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### Introduction

Psoriasis is a chronic inflammatory dermatosis affecting 1.5-3% of the world population according to the data from Northern Europe and Scandinavia<sup>1</sup>. Psoriasis has a significant impact on the health related quality of life of patients<sup>2</sup>.

As there is no treatment that can cure psoriasis, patients with psoriasis have to use treatments long-term and cope with exacerbations<sup>5</sup>.

Currently standard therapeutic modalities available for psoriasis include topical treatments such as topical steroids, vitamin D analogues, coal tar and salicylic acid preparations; oral systemic immunosuppressive therapies and phototherapy. Biologics are the newest mode of treatment available.

Evidence on the effectiveness and safety of these treatment options are mainly based on clinical outcome measures, such as Psoriasis Area and Severity Index (PASI) and Body Surface Area (BSA) as assessed by physicians and/or researchers<sup>5</sup>. In the recent literature more attention has been paid to patient-reported outcomes (PROs) which include health related quality of life index, treatment satisfaction and treatment adherence and various questionnaires has been used to study these parameters.

According to systemic review done by Lecluse et al there is limited evidence on patient preference and satisfaction with the current systemic treatments and phototherapy/photo-chemo therapy for psoriasis and a validated tool has not been used in many studies that have been done<sup>4</sup>. Augustin et al has found that adherence to treatment among patients suffering from psoriasis varies between 23 and 97 percent<sup>3</sup>.

Results of a web based survey done by van Cranen-burgh et al using a study specific questionnaire with 6 domains has shown that overall patients were moderately satisfied with their current treatment and patient satisfaction was highest with biologics while it was lowest with topical treatment<sup>5</sup>. In another study conducted in the United Kingdom using a modified version of the questionnaire used by Cranenburgh et al<sup>5</sup> found that on the whole satisfaction with phototherapy and systemic treatment is high<sup>6</sup> and this results contrasts with several previous studies which found level of dissatisfaction was as high as 40 percent<sup>7</sup>.

Treatment satisfaction Questionnaire for Medication version 2 (TSQM-2) is another generic instrument which measures four aspects of treatment satisfaction namely effectiveness, side effects, convenience and overall satisfaction and in a study conducted using it found that treatment satisfaction particularly about effectiveness and convenience is related to main type of treatment received by the patient<sup>8</sup>.

In Sri Lanka very limited number of studies has been done on psoriasis and patient satisfaction among dermatology patients has never been studied. Hence there in no validated tool in Sinhalese to assess the treatment satisfaction level among our dermatology patients.

Furthermore, currently there is no clinical guideline for management of psoriasis in Sri Lanka and patient satisfaction is considered a very valuable factor to consider in clinical management of this disease as health related quality of life is known to be increased with higher level of satisfaction<sup>9</sup>. Dermatology Quality of Life Index (DLQI) is a standard tool used worldwide to measure quality of life<sup>10,11</sup>, among dermatology patients and it has been translated to Sinhala and validated in 2011<sup>12</sup>.

Developing a tool to assess the treatment satisfaction among patients with chronic dermatological conditions and finding the relationship between disease severity, quality of life of patients suffering from psoriasis and treatment satisfaction in Sri Lanka would be beneficial for future references and formulation of national guidelines for management of this chronic skin disease.

### **Objectives**

This study was designed to find out the level of treatment satisfaction among the patients with psoriasis attending the Dermatology Clinic in Teaching Hospital, Karapitiya and also to find out whether there is a correlation between treatment satisfaction with Psoriasis Area Severity Index (PASI) and/or Dermatology Quality of Life Index (DLQI).

### Study design

This is a descriptive cross sectional study.

### Method and tools

As there was no specific, validated tool, in Sinhalese to assess the treatment satisfaction level among dermatology patients, the questionnaire used by Dr. O.D. Van Cranenburgh and et al<sup>5</sup> (Annexure 4) was translated in to Sinhalese after obtaining permission. This process involved forward translation by two independent, government officers with fluency in both Sinhala and English. The questionnaire was developed and it was translated back to English and compared with original questionnaire.

Linguistic validation was done by giving the questionnaire to a group of 15 patients with different educational and social backgrounds and after having discussions further descriptive words were added to suit our patients. Study specific questionnaire was developed (Annexure 5).

It contained 5 questions on 5 different aspects of treatment satisfaction where patients were asked to mark on a 1 to 5 Likert scale. Scores were given as 1 = not at all satisfied, 2 = slightly satisfied, 3 = moderately satisfied, 4 = very satisfied and 5 = extremely satisfied.

Dermatology Quality of Life Index (DLQI) questionnaire was used according to the standards, with the copyright statement at the end of every copy of the DLQI (Annexure 2 and 3). The DLQI is calculated by summing the score of each question (0 to 3) resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. Total score is interpreted as follows. 0-1 = no effect at all on patient's life, 2-5 = small effect on patient's life, 6-10 = moderate effect on patient's life, 11-20 = very large effect on patient's life, 21-30 = extremely large effect on patient's life

All the patients above 18 years, having literacy in English or Sinhalese, with diagnosis of psoriasis clinically or confirmed histologically attending the Dermatology Clinic, Teaching Hospital, Karapitiya, who had received treatment for 3 or more months were invited to participate. Patients without literacy in Sinhalese or English or having factors such as psychiatric illness were excluded.

After obtaining informed consent, demographic data (age, sex, education level, occupation), details of co-existing other medical conditions and current treatment for psoriasis (obtained by questioning and from medical records) were recorded in a data sheet (Annexure 1).

Patients were examined by the primary investigator to determine PASI (psoriasis area and severity index) and they were given the questionnaires to be completed (Translated version of treatment satisfaction questionnaire (Annexure 5) and Validated Singhalese version of Dermatology quality of life Questionnaire (Annexure 3).

### Data processing and analysis

Data processing and analysis was done using IBM statistics SPSS version 20.0

#### Results

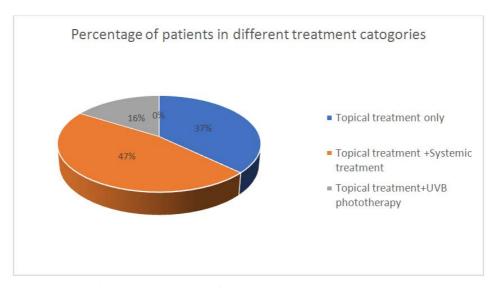
There were 62 participants in the study and 36 (58%) were males while 26 (42%) were females.

Twenty five percent (25%) of them had education up to grade 6 while 61% had completed secondary education. Only 7% has had higher education.

Chronic plaque psoriasis confined to the skin was seen in 35.5% of the study population while 21% had skin and nail psoriasis. Another 27.4% had psoriatic arthritis with skin involvement and 16.1% had chronic plaque psoriasis with psoriatic arthritis and nail disease.

Other comorbid medical conditions were found in 42%. Mean PASI was 7.6. Mean DLQI was 8.15 indicating moderate effect on patient's life.

Twenty three patients (37.1% of our study population) were on topical treatment only and 46.8% (29) were on combination therapy with topical and systemic treatment (methotrexate, cyclosporin or hydroxyurea). None of them were on biologics. There were only 16.1% (10) patients receiving combination of topical treatment and phototherapy.



**Figure 1.** Percentages of patients in each treatment category.

Table 1. Number of patients in each satisfaction level according to the type of current treatment

		Ty	pe of current treatm	ent
		Topical treatment only	Topical with systemic treatment	Topical with NBUVB¹ phototherapy
Overall treatment satisfaction	Slightly satisfied	2	1	1
	Moderately satisfied	4	3	6
	Very satisfied	9	4	4
	Extremely satisfied	8	2	18
Satisfaction with efficacy	Slightly satisfied	2	1	2
•	Moderately satisfied	3	2	6
	Very satisfied	11	5	9
	Extremely satisfied	7	2	12
Satisfaction with safety	Slightly satisfied	2	0	5
	Moderately satisfied	1	1	4
	Very satisfied	4	0	2
	Extremely satisfied	16	9	18
Satisfaction with the	Slightly satisfied	3	3	3
convenience	Moderately satisfied	2	0	8
	Very satisfied	5	2	4
	Extremely satisfied	12	5	14
Satisfaction about	Slightly satisfied	3	0	1
information provision	Moderately satisfied	0	0	1
-	Very satisfied	6	2	5
	Extremely satisfied	14	8	22

<sup>&</sup>lt;sup>1</sup>NBUVB - narrow band ultra violet B

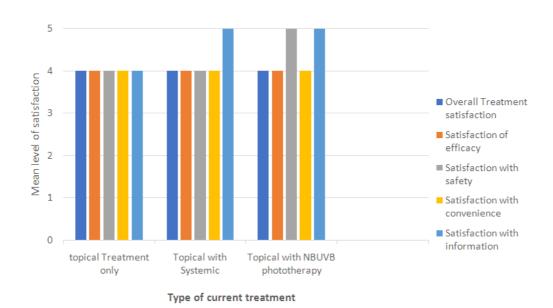
Overall satisfaction about their current treatment was measured from the answers to the question, "how satisfied are you with your current treatment?" 45% was extremely satisfied (5/5) while 27% was very satisfied (4/5). 21% said they were moderately satisfied (5/5) and only 6.5% said they were only slightly satisfied (3/5).

Satisfaction about the effectiveness was measured by the question "how satisfied are you with the effectiveness of your current treatment" and 34% said they were extremely satisfied. 40% of the study popu-

lation was very satisfied and 18% was moderately satisfied, while 8% was only slightly satisfied.

Seventy percent (70%) were extremely satisfied about safety while 71% were extremely satisfied about information provided to them. Only 50% were extremely satisfied about the convenience to use.

Bar graph below depicts the mean level of satisfaction about different aspects of treatment according to the type of treatment currently received by the study population.



**Figure 2.** Mean levels of satisfaction about different aspects of current treatment received by the study population

With one way ANOVA test (Analysis of Variance), there was no statistically significant difference between the mean satisfaction levels in different treatment categories, about the different aspects of current treatment (Table 2).

Similarly, medians were compared using Kruskal Wallis Test and there was no statistically

significant difference between the median satisfaction scores in different treatment categories, about the different aspects of current treatment (Table 3).

Further analysis showed that mean PASI and DLQI values between treatment groups also does not show a significant difference in our study population (Table 4 and 5).

Table 2. One way ANOVA Test - Comparison of mean satisfaction according to treatment groups

		Sum of Squares	Significance
Overall treatment satisfaction	Between Groups	3.558	0.145
	Within Groups	52.652	
Satisfaction of efficacy	Between Groups	.538	0.736
	Within Groups	51.462	
Satisfaction with safety	Between Groups	3.680	0.196
·	Within Groups	64.787	
Satisfaction with the convenience	Between Groups	.143	0.952
	Within Groups	85.857	
Satisfaction about information provision	Between Groups	1.873	0.254
•	Within Groups	39.369	

Table 3. Kruskal Wallis Test - Medians of satisfaction level vs treatment groups

	Overall treatment satisfaction	Satisfaction of efficacy	Satisfaction with safety	Satisfaction with the convenience	Satisfaction about information provision
Chi-Square	4.694	.807	3.013	.106	2.150
Degree of freedom	2	2	2	2	2
Significant level	0.096	0.668	0.222	0.949	0.341

Grouping Variable: Type of current treatment

Table 4. Mean PASI and DLQI according to treatment groups

Type of current treatment	Mean PASI	Mean DLQI
Topical only	7.839	8.78
Topical + phototherapy	9.070	7.30
Topical + systemic	6.955	7.93
Total	7.624	8.15

Table 5. ANOVA test for correlation between Mean PASI vs type of current treatment and DLQI vs type of current treatment

		Sum of Squares	df	Mean Square	F	Sig.
PASI* Type of						
current treatment	Between Groups	34.946	2	17.473	.318	.729
	Within Groups	3242.808	59	54.963		
	Total	3277.754	61			
DLQI* Type of						
current treatment	Between Groups	17.818	2	8.909	.157	.855
	Within Groups	3357.875	59	56.913		
	Total	3375.694	61			

A statistically significant positive correlation was identified between PASI and DLQI in our study population with P value <0.001.

Table 6. Correlations Between PASI and DLQI

		PASI	DLQI
PASI	Correlation Coefficient	1.000	0.467**
	Sig. (2-tailed)	0.000	0.000
	N	62	62
DLQI	Correlation Coefficient	0.467**	1.000
	Sig. (2-tailed)	0.000	0.000
	N	62	62
		Sig. (2-tailed)  N  DLQI Correlation Coefficient  Sig. (2-tailed)	PASI         Correlation Coefficient         1.000           Sig. (2-tailed)         0.000           N         62           DLQI         Correlation Coefficient         0.467**           Sig. (2-tailed)         0.000

<sup>\*\*</sup>Correlation is significant at the 0.01 level (2-tailed).

### Discussion

The results of this study indicates that overall, our patients are "very satisfied" about their current treatment and we could not identify a significant difference in level of treatment satisfaction, between the groups according to the type of current treatment.

In contrast studies conducted in most European countries including web base survey done by O.D. Van Cranenberg et al in Netherlands found that treatment satisfaction varies across the treatment groups and patients receiving topical treatment were least satisfied whereas patients receiving biologics were most satisfied<sup>5</sup>.

In another study carried out in United Kingdom by Finch and et al using a modified version of the questionnaire used by Cranenberg et al<sup>5</sup> had found that mean global satisfaction with systemic therapy and phototherapy was significantly higher when compared with topical treatment. However this study included only 38 patients.

Duffin and et al have carried out another study in USA using Treatment Satisfaction Questionnaire for Medication (TSQM) and according to their results, satisfaction scores were highest for patients receiving biologics and scores were lowest for patients on topical treatment only or those on acitretin<sup>6</sup>. The TSQM

is a questionnaire common to chronic medical disorders and is not specific for dermatology.

One possible explanation for the difference observed in our study population may be the lesser expectations of the patients attending the clinics of public hospitals in our country which has led to a selection bias. Hence this study population may not represent the overall idea of the patients suffering from psoriasis, as the patients who expect better treatment options and change the treatment providing doctor/institution frequently are not included.

Another contributing factor may be lack of knowledge and awareness among our patients about currently available, more targeted treatments for psoriasis.

Additionally, unlike in a web based study, exact opinion of patients regarding the level of satisfaction about treatment may not be reflected by the answers given during a clinic based assessment.

However, the use of different instruments to measure treatment satisfaction by different researchers and lack of a standard validated tool to assess it in dermatology patients, makes it difficult to compare the level of satisfaction<sup>13</sup>.

### Limitations

As biologics are used very occasionally and retinoids are also not commonly used to treat patients receiving treatment from public hospitals in Sri Lanka, we could not obtain data relevant to patients on those treatment categories with my study design.

### Conclusion

In conclusion, this study highlights the fact that irrespective of the treatment type, patients attending our clinics are very satisfied about their ongoing treatment. However further randomized controlled studies involving larger and more representative samples from the Sri Lankan population are needed to determine level of treatment satisfaction among the patients suffering from psoriasis more accurately. This can be used to formulate national guidelines.

As there was a significant positive correlation between PASI, which indicate disease severity and DLQI which indicated quality of life of patients, using more targeted treatment to improve the PASI can lead to improvement in quality of life of these patients. Regular assessment of PASI and DLQI of follow up patients shall be encouraged in this context.

A validated tool specific to Dermatology is needed to explore the level of treatment satisfaction among patients suffering from many skin disorders including psoriasis as patient reported outcomes are increasingly recognised as an important factor in determining treatment.

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Serial	No:	
Date:		

# Psoriasis treatment satisfaction study

1.	Name	:				
2.	Age	:		years		
3.	Gender	:	M/F			
4.	Civil status	:	Marri	ied/ Unmarried		
5.	Occupation	:				
6.	Education level	:				
7.	Type of psoriasis	:	scalp	/face	small plaque	large plaque
			Gutta	te	Nail disease	arthritis
			Eryth	rodermic	pustular	
8.	Duration of disease		:			
9.	Duration of treatment		:			
10.	Type of treatment		:	Topical only		
				Phototherapy –	NBUVB	
					PUVA	
				Systemic –	Methotrexate	
					Other	
11.	Co-morbidities		:	Diabetes Mellitus		
				Hypertension		
				Hypercholesterole	emia	
				Liver disease		
				Renal disease		
				Other		

# 12. PASI Score

	HEAD	UPPER LIMBS	TRUNK	LOWER LIMBS
ERYTHEMA				
THICKNESS				
SCALING				
LESION SCORE SUM				
BSA%				
BSA SCORE				
BSA INDEX	0.1	0.2	0.3	0.4
TOTAL AREA score				

Lesion score	2
None	=0
Mild	=1
Moderate	=2
Severe	=3
Very severe	=4

BSA & score						
0%		=0				
1-	9%	=1				
10 -	9%	=2				
30 -	49%	=3				
50 -	69%	=4				
70 -	89%	=5				
90 - 3	100%	=6				

PASI Score

# DERMATOLOGY LIFE QUALITY INDEX

Hos	pital No:	Date:			DLQI
Nan	_	Diagnosis:	Score:		
	aim of this questionnaire is OVER THE LAST WEEK. Ple			as affecte	d your
1.	Over the last week, how <b>itchy</b> painful or stinging has your sibeen?		Very much A lot A little Not at all		
2.	Over the last week, how <b>emba</b> or <b>self conscious</b> have you be of your skin?		Very much A lot A little Not at all		
3.	Over the last week, how much skin interfered with you going <b>shopping</b> or looking after your <b>garden</b> ?	•	Very much A lot A little Not at all	ot relevant	
4.	Over the last week, how much skin influenced the <b>clothes</b> you wear?	has your	Very much A lot A little Not at all	ot relevant	
5.	Over the last week, how much skin affected any <b>social</b> or <b>leisure</b> activities?	has your	Very much A lot A little Not at all	ot relevant	
6.	Over the last week, how much skin made it difficult for you to do any <b>sport</b> ?	has your	Very much A lot A little Not at all	ot relevant	
7.	Over the last week, has your s you from <b>working</b> or <b>studying</b>		Yes No	ot relevant	
	If "No", over the last week how your skin been a problem at work or studying?	much has	A lot A little Not at all		
8.	Over the last week, how much skin created problems with you partner or any of your close for relatives?	ır	Very much A lot A little Not at all	ot relevant	
9.	Over the last week, how much skin caused any <b>sexual difficulties</b> ?	has your	Very much A lot A little Not at all	ot relevant	
10.	Over the last week, how much problems has the <b>treatment</b> for skin been, for example by make your home messy, or by taking	or your ing	Very much A lot A little Not at all	ot relevant	

 $Please \ check \ you \ have \ answered \ EVERY \ question. \ Thank \ you.$ 

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චර්ම රෝග පීවන තත්ව දර්ශකය										
රෝ නම ලිපිඃ										
	මෙම පුශ්නාවලියේ අරමුණ පසුගිය සතිය තුළ ඔබගේ සමේ පුශ්නය කෙතරම් දුරට ඔබේ ජීවිතයට බලපෑවේදැයි බැලීමයි කරුණාකර සෑම පුශ්නයක් සඳහාම එක කොටුවක (√) ලකුණු කරන්න.									
1.	පසුගිය සතිය තුළ ඔවගේ සමෙහි කොපමණ වේදනාවක් හෝ කැසිල්ලක් හෝ දැවිල්ලක් හෝ සීරීම් ස්වභාවයක් තිබුහේද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත								
2.	පසුගිය සතිය තුළ ඔබගේ සම නිසා ඔබ කොපමණ ලැප්ජාවකට හෝ තමා ගැන අපහසුතාවයට පත්වුනිද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත								
3.	පසුගිය සතිය තුල ඔබේ සම කොපමණ පුමාණයකට ඔබට කඩසාප්පුවලට යාමට හෝ ගෙදර හෝ ගෙවත්තේ කටයුතු කිරීමට බල ගැනීමට අවතිරවුනිද?	අතිවිශාල වශයෙන් වශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						
4.	පසුගිය සතිය තුල කොපමන දුරට ඔබේ සම ඔබ අඳින ඇඳුම් වලට බලපෑම් කලේද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						
5.	පසුගිය සතිය තුල ඔබේ සම කොපමණ දුරට ඔබේ සමාජ ඛුයාකාරකම් හෝ විනෝද කටයුතු වලට බලපෑවේද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						
6.	පසුගිය සතිය තුල ඔබේ සම කොපමණ දුරට කීඩා කටයුතු වලට අවහිරවුනිද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						
7.	පසුගිය සතිය තුල ඔබේ සම නිසා ඔබ රාජකාරි හෝ අධනාපන කටයුතු වලින් වැලකුනිද?	මව් නැත		අදාළ නැත 🖂						
	වැලකුනේ නැතනම් පසුගිය සතිය තුළ ඔබේ සම ඔබ රාජකාරී වැඩ වලට හෝ අධ්නාපන කටයුතු වලට කොතරම් බාධාවක්වුනිද?	විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත								
8.	පසුගිය සතිය තුල ඔබේ සම නිසා කොපමණ දුරට ඔබේ සහකරුවා හෝ ලඟම යහළුවන් හෝ නෑදෑයන් සමග පුශ්න ඇති වුනිද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						
9.	පසුගිය සතිය තුළ ඔබේ සම නිසා කොපමණ දුරට ඔබට ලිංගික සංකූලතා ඇතිවුනිද?	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						
10.	පසුගිය සතිය තුළ ඔබගේ සමේ පුතිකාර ඔබට කොපමණ පුශ්නයක්වුනිද? උදාහරණයක් ලෙස ඔබගේ ගෙදර හැඩ කිරීම හෝ ඔබගේ කාලය මිඩංගු කිරීමට සිදුවීම	අතිවිශාල වශයෙන් විශාල වශයෙන් සුළු වශයෙන් කොහෙත්ම නැත		අදාළ නැත 🗆						

කරුණාකර ඔබ සියලුම පුශ්න වලට පිළිතුරු දී ඇතිදැයි බලන්න. ස්තුතියි.

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### Satisfaction with current treatment

The following 5 questions concern your satisfaction with your current treatment.

### 1. How satisfied are you with your current treatment?

Please tick the number of your choice. 1=not at all satisfied, 5=very satisfied. Numbers 2, 3 and 4 are in between.

Not at all sat	tisfied	Extremely satisfied		
1	2	3	4	5

### 2. How satisfied are you with the effectiveness of your current treatment?

You may think of:

- decrease of skin complaints such as scaling, thickness of skin, redness, pain sensitivity, itch and affected area;
- how long does it take until improvement occurs, and how long does this improvement persist;
- improvement of your quality of life, for example your mood, your vitality, how much time you are able to spend on working, hobbies or social contacts.

Please tick the number of your choice. 1=not at all satisfied, 5=very satisfied. Numbers 2, 3 and 4 are in between.

Not at all sat	Extremely satisfied			
1	2	3	4	5

### 3. How satisfied are you with the safety of your current treatment?

You may think of the risk of side effects of the treatment, the risk to develop other diseases/complaints due to the treatment.

Please tick the number of your choice. 1=not at all satisfied, 5=very satisfied. Numbers 2, 3 and 4 are in between.

Not at all sat	tisfied	Extremely satisfied		
1	2	3	4	5

### 4. How satisfied are you with the convenience of your current treatment?

You may think of the ease of application and the amount of time this takes.

Please tick the number of your choice. 1=not at all satisfied, 5=very satisfied. Numbers 2, 3 and 4 are in between.

Not at all sa	itisfied	Extremely satisfied		
1	2	3	4	5

### 5. How satisfied are you with the information provision about your current treatment?

You may think about oral or written information about your treatment.

Please tick the number of your choice. 1=not at all satisfied, 5=very satisfied. Numbers 2, 3 and 4 are in between.

Not at all sat	isfied	Extremely satisfied		
1	2	3	4	5

# <u>පොතුකබර රෝගයට ලබා දෙන පුතිකාර පිළිබඳ තෘප්තිමත් භාවය</u>

1. ඔබගේ වත්මන් පුතිකාර පිළිබඳ ඔබ කොපමණ තෘප්තිමත්ද? කරුණාකර ඔබේ පිළිතුරට අදාල අංකය ඉදිරියේ √ලකුණ යොදන්න

1 - කිසිසේත් තෘප්තිමත් නැත 4 - ඉතා තෘප්තිමත්

2 - සුළු වශයෙන් තෘප්තිමත් 5 - අතිශයින්ම තෘප්තිමත්

3 - මධපස්ථ ලෙස තෘප්තිමත්

කිසිසේත් තෘප්තිමත් නැත				අතිශයින්ම තෘප්තිමත්
1	2	3	4	5

 ඔබගේ වත්මන් පුතිකාර වල ඵලදායිතාවය පිළිබඳ ඔබ කොපමණ තෘප්තිමත්ද? කරුණාකර ඔබේ පිළිතුරට අදාල අංකය ඉදිරියේ √ලකුණ යොදන්න.

පහත කරුණු ගැන සිතා බලන්න.

- පොතුයාමණී ඝණකමණී රතු පැහැ වීමණී වේදනාකාරී බවණී කැසිම රෝගය පැතිරි ඇති පුදේශය වැනි සමෙහි ඇති වන අපහසුතා අඩු විම/ගුණ අතට හැරීම.
- රෝගය සුව අතට හැරීමට කොපමන කලක් ගත වේද සහ එය එලෙස කොපමණ කලක් පවතිද යන්න.
- ඔබගේ පිවිතයේ ගුණාත්මක භාවය උසස් වීමණී උදාහරණ ලෙස ඔබගේ සිතේ සන්සුන් බවණී පුබෝධමත් බවණී ඔබට රාජකාරී කටයුතු වලට විනෝදාංශ සඳහා හෝ සමාජ සබඳතා වෙනුවෙන් කොපමණ කාලය යෙදිය හැකිද යන්න.

1 - කිසිසේත් තෘප්තිමත් නැත 4 - ඉතා තෘප්තිමත්

2 - සුළු වශයෙන් තෘප්තිමත් 5 - අතිශයින්ම තෘප්තිමත්

3 - මධපස්ථ ලෙස තෘප්තිමත්

කිසිසේත් තෘප්තිමත් නැත				අතිශයින්ම තෘප්තිමත්
1	2	3	4	5

 ඔබගේ වත්මන් පුතිකාර වල ආරක්ෂිතභාවය පිළිබඳ ඔබ කොපමණ තෘප්තිමත්ද? කරුණාකර ඔබේ පිළිතුරට අදාල අංකය ඉදිරියේ √ලකුණ යොදන්න.

පුතිකාර වලින් අතුරු විපාක ඇතිවීමට ඇති අවදානමණී වෙනත් රෝගාබාධ හටගැනීමට ඇති අවධානම/පුතිකාර නිසා ඇති විය හැකි අපහසුතා ගැන සිතන්න.

1 - කිසිසේත් තෘප්තිමත් නැත 4 - ඉතා තෘප්තිමත්

2 - සුළු වශයෙන් තෘප්තිමත් 5 - අතිශයින්ම තෘප්තිමත්

3 - මධුයස්ථ ලෙස තෘප්තිමත්

කිසිසේත් තෘප්තිමත් නැත				අතිශයින්ම තෘප්තිමත්
1	2	3	4	5

4. ඔබගේ වත්මන් පුතිකාර පහසුවෙන් භාවිතා කිරීමට ඇති හැකියාව පිළිබඳ ඔබ කොපමණ තෘප්තිමත්ද? කරුණාකර ඔබේ පිළිතුරට අදාල අංකය ඉදිරියේ √ලකුණ යොදන්න.

ආලේපන ගැල්වීමේ පහසුව සහ ඒ සඳහා ගත වන කාලය ගැන සිතන්න.

1 - කිසිසේත් තෘප්තිමත් නැත 4 - ඉතා තෘප්තිමත්

2 - සුළු වශයෙන් තෘප්තිමත් 5 - අතිශයින්ම තෘප්තිමත්

3 - මධපස්ථ ලෙස තෘප්තිමත්

කිසිසේත් තෘප්තිමත් නැත				අතිශයින්ම තෘප්තිමත්
1	2	3	4	5

5. ඔබගේ වත්මන් පුතිකාරය පිළිබඳ තොරතුරු ලබාදීම පිළිබඳ ඔබ කොපමණ තෘප්තිමත්ද? කරුණාකර ඔබේ පිළිතුරට අදාල අංකය ඉදිරියේ √ලකුණ යොදන්න.

ලිඛිතව හෝ වාචිකව ලද තොරතුරු පිළිබඳව සිතන්න.

1 - කිසිසේත් තෘප්තිමත් නැත 4 - ඉතා තෘප්තිමත්

2 - සුළු වශයෙන් තෘප්තිමත් 5 - අතිශයින්ම තෘප්තිමත්

3 - මධපස්ථ ලෙස තෘප්තිමත්

කිසිසේත් තෘප්තිමත් නැත				අතිශයින්ම තෘප්තිමත්
1	2	3	4	5