

PSORIASIS EPIDEMIOLOGY SCREENING TOOL (PEST)

PATIENT NAME
DOB
DATE OF VISIT

	YES	NO
Have you ever had a swollen joint (or joints)?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever told you that you have arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Do your finger nails or toe nails have holes or pits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had pain in your heel?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a finger or toe that was completely swollen and painful for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PEST SCORE	<input type="checkbox"/>	<input type="checkbox"/>

In the drawing below, please tick the joints that have caused you discomfort (i.e. stiff, swollen or painful joints).

