**Appendix S1. Questionnaire on frequency of psoriasis exacerbation during or after a sore throat.**

<table>
<thead>
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<th>The frequency of exacerbation of psoriasis during or after a sore throat</th>
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<td>Please answer as accurately as possible by writing or ticking the appropriate boxes for each question</td>
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1. **How old are you:**
   
2. **What is your gender:**
   - Male
   - Female

3. **How old were you when you first noticed you had psoriasis:**
   
4. **Did the first signs of your psoriasis appear during or within 3 weeks of having a sore throat (painful inflammation or infection or in the throat) or a streptococcal throat infection (strep throat)?**
   - Yes
   - No
   - Unsure

5. **Has a dermatologist confirmed that you have psoriasis?**
   - Yes
   - No
   - Unsure

6. **Which of the following statements describe your psoriasis best? (You may tick more than one box)**
   - I have **plaque psoriasis** with raised, circular-to-oval red patches covered with silvery scales, for example on my scalp and/or knees, elbows and lower back
   - I have **guttate psoriasis** with small (1-10mm), dot-like, fine scaled rash, mostly on my trunk and/or upper arms and legs
   - I have **palmoplantar pustulosis (PPP)** that appears as white blisters (pustules) surrounded by red skin in my palms and/or soles
   - I have **psoriasis in my nails** (all or some of these changes):
     - Pitting (small nail depressions, less than 1 mm in diameter)
     - Discolouration (circular areas resembling an oil drop)
     - Subungual hyperkeratosis (thickening of the nails)
     - Onycholysis (separation of the nail from the nail bed)
   - I have **psoriasis arthritis** diagnosed by a dermatologist or rheumatologist
   - None of the above applies to my psoriasis

7. **Have you experienced worsening of your psoriasis during or within 3 weeks after having a sore throat?**
   - Yes
   - No
   - Unsure

8. **How many times during the past 12 months have you had a sore throat?**
   - Never
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - >10

9. **Have you been diagnosed with a streptococcal throat infection (strep throat) by a physician, a throat swab or a rapid strep test?**
   - Yes
   - No
   - Unsure

10. **If yes, how many times**

11. **Did you notice worsening of your psoriasis during or within 3 weeks after having a streptococcal throat infection (strep throat)?**
   - Yes
   - No
   - Unsure

12. **Have you experienced worsening of your psoriasis in association to the following? (You may tick more than one box)**
   - General sickness
   - Stress
   - Cold weather
   - Alcohol
   - Food, what food
   - Pregnancy
   - Medication, which medication?
   - Other, what?

13. **Have you had your tonsils removed (had tonsillectomy)?**
   - Yes
   - No
   - Unsure

14. **If yes, at what age were your tonsils removed**

15. **Did your psoriasis improve after the tonsillectomy?**
   - Yes
   - No
   - Unsure