

Appendix S1

Beliefs about Medicines Questionnaire (BMQ) Specific adapted to Methotrexate or biologic therapies

I would like to ask you about your personal views about medicines prescribed for your psoriasis.

These are statements other people have made about their prescribed medication. Please indicate the extent to which you agree or disagree with them by placing a cross in the appropriate box.

There are no right or wrong answers. I am interested in your personal views.

Please only cross one box per question.

How do you think about the (name treatment) medicines?	Strongly disagree (score=1)	Disagree (score=2)	Uncertain (score=3)	Agree (score=4)	Strongly agree (score=5)
My health at present depends on my psoriasis medication (NEEDS1)					
Having to take psoriasis medication worries me (CONCERNS1)					
My life would be impossible without my psoriasis medication (NEEDS2)					
I sometimes worry about the long term effects of my psoriasis medication (CONCERNS2)					
Without my psoriasis medication I would be very ill (NEEDS3)					
My psoriasis medication is mystery to me (CONCERNS3)					
My health in the future will depend on my psoriasis medication (NEEDS4)					
My psoriasis medication disrupts my life (CONCERNS4)					
I sometimes worry about becoming too dependent on my psoriasis medication (CONCERNS5)					
My psoriasis medication protects me from becoming worse. (NEEDS5)					