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APPENDIX S1

| Dermatologists and Rheum | atologists o | questionnaire |
|--------------------------|--------------|---------------|

| 1. What is your gender? |
|---|
| □ Male □ Female |
| 2. Which of the following best describes your practice setting? |
| ☐ Dermatologist/Rheumatologists in a public hospital |
| ☐ Dermatologist/Rheumatoholigst in a private clinic/hospital |
| □ Both |
| 3. How many years have passed since you completed your residency? |
| ☐ Currently a resident |
| □ 1-10 years |
| □ 11-20 years |
| ☐ 21-30 years |
| $\square > 30 \text{ years}$ |
| 4. About how many patients with psoriasis and/or psoriatic arthritis do you provide care for PER MONTH? |
| \square < 5 |
| □ 5-10 |
| □ 11-15 |
| □ 16-20 |
| □ 21-25 |
| □ > 25 |
| 5. Indicate if you work or actively participate in any of these fields (you can choose more than one option): |
| ☐ Psoriasis monographic consult |
| ☐ University teaching, including psoriasis lessons |
| ☐ Research projects related to psoriasis |
| ☐ None of the above |
| 6. Do you screen your psoriasis patients for tobacco use? |
| □ Yes |
| □ No |
| 7. Do you screen your patients with psoriasis for obesity (obtaining BMI) at least once a year? |
| □ Yes |

| | No |
|----|--|
| 8. | Do you measure blood pressure of your patients with psoriasis aged 18 or over at least every 3-5 years? |
| | Yes |
| | No |
| 9. | Do you perform annual screening for dyslipidemia in your patients with psoriasis from the age of 40 in |
| | men and from the age of 50 in women? |
| | Yes |
| | No |
| 10 | . Do you perform screening for type 2 DM in your patients with psoriasis over 45 years of age at least once |
| | every 3 years? |
| | Yes |
| | No |
| 11 | . Do you calculate the 10-year risk of CVD (SCORE Risk Charts or the Pooled Cohort ASCVD Risk |
| | Equation) of your patients with psoriasis from the age of 40, at least every 5 years? |
| | Yes |
| | No |
| 12 | . If you do NOT screen your patients with psoriasis for cardiovascular risk factors, what is the reason? |
| | (You can choose more than one) |
| | I did not know the association between psoriasis and increased cardiovascular risk |
| | I was not aware of the screening recommendations in these patients |
| | Lack of time |
| | Lack of facilities or testing equipment |
| | Other (free text): |
| 13 | . If you do NOT screen your patients with psoriasis for cardiovascular risk factors, do you refer them to |
| | another specialist? |
| | Yes |
| | No |
| 14 | . In case you perform screening, which factors, if any, stimulate you to screen psoriasis patients for |
| | cardiovascular risk factors? (You can choose more than one) |
| | Psoriasis severity |
| | Patient's history for additional increased cardiovascular risk (diet, smoking, sedentary lifestyle, family history |
| an | d/or obesity |
| | I screen all of my psoriasis patients for cardiovascular risk factors, regardless of any of the factors above. |
| | I do not screen any of my psoriasis patients for cardiovascular risk factors. |

| 15. Do you routinely prescribe statins to your psoriasis patients who have an indication according to clinical |
|--|
| practice guidelines? |
| □ Yes |
| □ No |
| 16. If your previous answer was no, would you be willing to start prescribing statins after receiving specific |
| training? |
| □ No. I consider that it would exceed the role of a dermatologist/rheumatologists |
| □ No. I do not have enough time to assess cardiovascular risk and statin indication in my patients |
| ☐ No. I do not have facilities or equipment to assess cardiovascular risk and statin indication in my patients |
| ☐ Yes. I would start prescribing them after attending training courses aimed at dermatologists/rheumatologists |
| ☐ Yes. Please, indicate in the free text what make you start prescribing statins |
| Pirmary Care Physicians Questionnaire |
| 1. What is your gender? |
| ☐ Male ☐ Female |
| 2. Which of the following best describes your practice setting? |
| ☐ Primary care physician in a public hospital or outpatient clinic |
| ☐ Primary care physician in a private clinic/hospital |
| □ Both |
| 3. How many years have passed since you completed your residency? |
| ☐ Currently a resident |
| □ 1-10 years |
| □ 11-20 years |
| □ 21-30 years |
| □ >30 years |
| 4. About how many patients with psoriasis and/or psoriatic arthritis do you provide care for PER MONTH? |
| \square < 5 |
| □ 5-10 |
| □ 11-15 |
| □ 16-20 |
| □ 21-25 |
| □ > 25 |
| 5. Indicate if you work or actively participate in any of these fields (you can choose more than one option): |

| ☐ Psoriasis monographic consult |
|--|
| ☐ University teaching, including psoriasis lessons |
| ☐ Research projects related to psoriasis |
| □ None of the above |
| 6. Do you screen your psoriasis patients for tobacco use? |
| □ Yes |
| □ No |
| 7. Do you screen your patients with psoriasis for obesity (obtaining BMI) at least once a year? |
| □ Yes |
| □ No |
| 8. Do you measure blood pressure of your patients with psoriasis aged 18 or over at least every 3-5 years? |
| □ Yes |
| □ No |
| 9. Do you perform annual screening for dyslipidemia in your patients with psoriasis from the age of 40 in |
| men and from the age of 50 in women? |
| □ Yes |
| □ No |
| 10. Do you perform screening for type 2 DM in your patients with psoriasis over 45 years of age at least once every 3 years? |
| □ Yes |
| □ No |
| 11. Do you calculate the 10-year risk of CVD (SCORE Risk Charts or the Pooled Cohort ASCVD Risk |
| Equation) of your patients with psoriasis from the age of 40, at least every 5 years? |
| □ Yes |
| □ No |
| 12. If you do NOT screen your patients with psoriasis for cardiovascular risk factors, what is the reason |
| (You can choose more than one) |
| \square I did not know the association between psoriasis and increased cardiovascular risk |
| ☐ I was not aware of the screening recommendations in these patients |
| □ Lack of time |
| ☐ Lack of facilities or testing equipment |
| □ Other (free text): |

| 13. In case you perform screening, which factors, if any, stimulate you to screen psoriasis patients for |
|--|
| cardiovascular risk factors? (You can choose more than one) |
| ☐ Psoriasis severity |
| ☐ Patient's history for additional increased cardiovascular risk (diet, smoking, sedentary lifestyle, family history |
| and/or obesity |
| \square I screen all of my psoriasis patients for cardiovascular risk factors, regardless of any of the factors above. |
| \square I do not screen any of my psoriasis patients for cardiovascular risk factors. |
| 14. Do you consider the presence of psoriasis as a risk-enhancing factor when deciding whether to prescribe |
| statins in your patients? |
| □ Yes |
| □ No |
| |