Please fill out text fields by clearly readable printing!

GENERAL INFORMATION

BIOBANK CODE

☐☐ - ☐☐☐ - ☐☐

Today's Date (*dd/mm/yyyy*) ___/___/_____
Physician's name _____
Does patient agrees to contribute to Vitiligo Biobank and biosamples were collected? □ **YES** / □ **NO**
Type of sample(s) collected (*select one and enter details if available*)

- o Hairs with follicles (____ hairs)
- o Whole blood for DNA isolation (___x 800 µl, 1x ____µl)
- o Serum (____ aliquots, 220 µl each)
- o Buccal swab (___ swabs)
- o Saliva (____ ml)
- o None

Your patient's ID (*reference to your internal medical record*) _____

PATIENT'S INFORMATION

Patient's Last Name *(will be kept confidential)* _____
Patient's First Name *(will be kept confidential)* _____
Patient's place of birth _____
Patient's residence
Country _____
State _____
City/Town _____
Patient's date of birth (*dd/mm/yyyy*) ___/___/_____
Patient's sex: □ Male / □ Female
If Female, please indicate

- Number of pregnancies _____
- Number of childbirths _____

Body weight _____ kg
Body height _____ cm
Patient's ethnicity (*please specify*) _____

Patient's natural hair color (*select one*)

- o Brown
- o Black
- o Blond
- o Auburn
- o Chestnut
- o Red

Does the patient have grey hairs? (*select one*)

- o No
- o Some
- o A lot
- o Completely grey-haired

Patient's eye color (*select one*)

- o Blue/gray
- o Green/hasel
- o Tan/brown

Skin phototype (*select one*)

- o Type I: Pale white skin
- o Type II: Fair skin, blue eyes
- o Type III: Darker white skin
- o Type IV: Light brown skin
- o Type V: Brown skin
- o Type VI: Dark brown or black skin

Does the patient sunburn easily? □ **YES** / □ **NO**

Does the patient have chronic disease(s) other than vitiligo? □ **YES** / □ **NO**
If **Yes**, please list chronic diseases the patient is affected by:
_____

Do close relatives of the patient (brother, sister, parents or their brother/sister) suffer from chronic disease(s) including vitiligo? □ **YES** / □ **NO**
If **Yes**, please list chronic diseases of first-degree relative(s) (parents, brother/sister(s)).

Relative affected (*select one*)

- o Brother
- o Sister
- o Mother
- o Mother's brother
- o Mother's sister
- o Father
- o Father's brother
- o Father's sister

List chronic disease(s) affecting this relative
_____

Relative affected (*select one*)

- o Brother
- o Sister
- o Mother
- o Mother's brother
- o Mother's sister
- o Father
- o Father's brother
- o Father's sister

List chronic disease(s) affecting this relative
_____

Relative affected (*select one*)

- o Brother
- o Sister
- o Mother
- o Mother's brother
- o Mother's sister
- o Father
- o Father's brother
- o Father's sister

List chronic disease(s) affecting this relative
_____

Does the patient have halo nevus? □ **YES** / □ **NO**

Has the patient been diagnosed with melanoma or other skin cancer? □ **YES** / □ **NO**
If **Yes**,

- Specify skin cancer diagnosed _____
- At what age it was diagnosed? _____ years
- What treatments the patient received? (*please specify*) _____
- Treatment outcome (*select one*)

- o Complete remission
- o Partial remission
- o Stabilization
- o Progression

Does the patient have allergy? □ **YES** / □ **NO**
If **Yes**, please provide the following information

- Allergen(s) (please list allergens or print "Unknown") _____
- Age it started: ____ years
- Allergy is mild (requires little or no medical treatment) or severe (requires immediate medical treatment) (*select one*)

- o Mild
- o Severe

Is the patient continuously taking any medication? □ **YES** / □ **NO**
If **Yes**, please list drugs continuously taking:_____

EFFECT OF IRRELEVANTLY TAKEN MEDICATION ON VITILIGO

Has the patient ever noticed that any of taken irrelevantly to vitiligo medication affected his vitiligo conditions? □ **YES** / □ **NO**
If **Yes**,

- What was the drug name? _____
- Did the medication improve or worsen vitiligo? (*select one*)

- o Improve
- o Worsen

- Was the effect of medication on vitiligo transient or permanent? (*select one*)

- o Transient
- o Permanent

HISTORY OF VITILIGO

Vitiligo onset was at age of ___ years (*or select one*)

- o 0-5 Years
- o 6-12 Years
- o 13-20 Years
- o 21-30 Years
- o 31-40 Years
- o 41-50 Years
- o 51-60 Years
- o 61-70 Years
- o 71-80 Years

Vitiligo macula(e) first appeared at (*select all applicable*)

- o Arm/Leg (excluding hands, elbows, feet and knees)
- o Hand/Foot
- o Elbow/Knee
- o Armpit
- o Groin
- o Head/Neck/Face (excluding lips)
- o Lips
- o Trunk
- o Genitals
- o Mucous membrane
- o Other (*please specify*) _____

The patient thinks that depigmentation started as result of (*select all applicable*):

- o Disease (*please specify*) _____
- o Emotional distress
- o Pregnancy
- o Child birth
- o Breast feeding
- o Light and phototherapy
- o Medication side-effect (*please specify*) _____
- o Physical skin damage
- o Sunburn or prolonged sun exposure
- o Vaccination (*please specify*) _____
- o Other (please specify) _____
- o Not sure

At inception, depigmentation developed (*select one*)

- o Quick, short burst early after onset, then not too much spreading
- o Slow, progressive spreading over several years

Was depigmentation onset preceded by skin itching or redness? □ **YES** / □ **NO**

VITILIGO FORM (select one)

Generalized

- o Vitiligo vulgaris
- o Acrofacial
- o Universal

Localized

- o Mucosal
- o Focal
- o Segmental

- o Mixed form (combines segmental, acrofacial and/or generalized distribution)

VITILIGO SKIN CONDITION

Degree of body skin affected (*select one*)

- o Less than 10%
- o 10-25%
- o 25-50%
- o 50-75%
- o 75-100%

Koebner phenomenon

- from history □ **YES** / □ **NO** / □ **NOT KNOWN**
- by clinical provocation □ **YES** / □ **NO** / □ **NOT KNOWN**

White skin patches location (*select all applicable*):

- o Arms (excluding feet)
- o Legs (excluding hands)
- o Hands
- o Feet
- o Elbows
- o Knees
- o Armpits
- o Head
- o Neck
- o Face (excluding lips)
- o Lips
- o Trunk
- o Groin
- o Genitals
- o Mucous membrane
- o Other (*please specify*) _____

Is leukotrichia observed in maculae? □ **YES** / □ **NO**
If **Yes**, is depigmentation of hairs the same for all white skin patches? □ **YES** / □ **NO**
If **Yes**, is the hair color loss uniform within the white skin patch or not?

- o Uniform
- o Not uniform

If hair color loss is ***not the same for all white patches***, please tickle boxes below to describe (*select more than one option for each location if different hair discoloration pattern observed for it*)

White skin patch location	Hair color pattern within white skin patches		
	Color not changed	Uniform color loss	Not uniform color loss
Arms	☐	☐	☐
Legs	☐	☐	☐
Hands	☐	☐	☐
Head	☐	☐	☐
Neck	☐	☐	☐
Face	☐	☐	☐
Trunk	☐	☐	☐
Axilla	☐	☐	☐
Groin	☐	☐	☐
Genitals	☐	☐	☐
Other (*please specify*) _____	☐	☐	☐

VITILIGO TREATMENTS RECEIVED

(please provide information only about completed treatments)

Was the patient treated for vitiligo? □ **YES** / □ **NO**
If **Yes**, how many different treatments were applied? _____ treatments
Types of treatments received

- o Surgical treatment
- o Systemic treatment
- o Topical treatment
- o Light treatment
- o Psychological counseling
- o Complimentary treatment (*please specify*) _____

Please provide details for each treatment received and its outcome. If more than one treatment was applied, please describe each separately in chronological order. Copy ***Treatment description*** pages (pages 5, 7 and 8) if necessary.

If transplantation procedure was used to treat the patient, please use supplementary forms PBR_TD for transplantation procedure description, and PBR_TO for transplantation results recording.

TREATMENT DESCRIPTION

Treatment number (start from the oldest one) _____

Treatment ID _____
(*To be entered if standard and registered with us protocol was used. Questions on this page below are answered if needed to specify treatment details)*

Treatment start date (*mm/yyyy*) ___/_____

Treatment duration _____ months

Treatment was systemic and/or whole-body phototherapy, or included topical treatments and/or focused phototherapy (*select one*)

- o Systemic and/or whole-body phototherapy
- o Included topical treatments and/or focused phototherapy

If treatment was topical and/or focused phototherapy was used, please specify locations of lesions treated (*select all applicable*)

- o Arms
- o Legs (excluding hands and feet)
- o Hands
- o Feet
- o Elbows
- o Knees
- o Armpits
- o Head
- o Neck
- o Face (excluding lips)
- o Lips
- o Trunk
- o Groin
- o Genitals
- o Mucous membrane
- o Other (*please specify*) _____

Specify drug(s) used (trade name, mode of application, dosage, frequency of administration)
_____
_____
_____

Specify treatment used (type of treatment, dosage if applicable)
_____
_____
_____

Describe how treatment(s)/drug(s) were combined, if any. If different topical treatments were used for maculae with different locations, also specify below
_____
_____
_____
_____

At the time of treatment, the disease was active or stable disease (no progression over last 3 months preceding treatment) (*select one*)

- o Active disease
- o Stable disease

TREATMENT EFFICIENCY – STOPPING DISEASE PROGRESSION
(please enter data on repigmentation on the next page!)

Treatment No. ____

White skin patch location	Continued or new white patches appeared	Continued but slowed significantly	Temporally stopped (resumed shortly after treatmet completion|)	Completely stopped
Arms	□	□	□	□
Legs	□	□	□	□
Hands	□	□	□	□
Feet				
Elbows	□	□	□	□
Knees	□	□	□	□
Head	□	□	□	□
Neck	□	□	□	□
Face	□	□	□	□
Lips	□	□	□	□
Trunk	□	□	□	□
Groin	□	□	□	□
Genitals	□	□	□	□
Mucous membrane	□	□	□	□
Other (*please specify*) _____	□	□	□	□

PATIENTS' GLOBAL ASSESSMENT
(to be answered by the patient based on his perception)

Question	Grade (Answer)
Grade the change in pigmentation in the treated area(s) (0 to 10, where **0** means "much worse" and **10** means "much improved")	___
Are you satisfied with the obtained result? (0 to 10, where **0** means "not at all" and 10 means "very much")	___
Do you find the treatment worthwhile? (0 to 10, where **0** means "not at all" and 10 means "very much")	___
Would you choose this treatment again (YES or NO)?	□ **YES** / □ **NO**

SUPPLEMENTARY SURVEY TO BE FILLED OUT BY THE PATIENT

What is your cost of vitiligo treatment to date? (US $)?

- Nothing
- Under $50
- $51-500
- $501-$1,000
- $1,001-$5,000
- More than $5,000
- Not sure

TREATMENT EFFICIENCY – REPIGMENTATION *(select all appropriate)*

Treatment No. ____

White skin patch location	Pigmentation spread						Repigmentation pattern			
	Worse than before	No effect	<15 %	15%-50%	50%-95%	95%-100%	From patch edge	From hair follicles	Uniformly over the patch	Not sure
Arms	□	□	□	□	□	□	□	□	□	□
Legs	□	□	□	□	□	□	□	□	□	□
Hands	□	□	□	□	□	□	□	□	□	□
Feet	□	□	□	□	□	□	□	□	□	□
Elbows	□	□	□	□	□	□	□	□	□	□
Knees	□	□	□	□	□	□	□	□	□	□
Head	□	□	□	□	□	□	□	□	□	□
Neck	□	□	□	□	□	□	□	□	□	□
Face	□	□	□	□	□	□	□	□	□	□
Lips	□	□	□	□	□	□	□	□	□	□
Trunk	□	□	□	□	□	□	□	□	□	□
Groin	□	□	□	□	□	□	□	□	□	□
Genitals	□	□	□	□	□	□	□	□	□	□
Mucous membrane	□	□	□	□	□	□	□	□	□	□
Other (*please specify*) _____	□	□	□	□	□	□	□	□	□	□

White skin patch location	Surrounding skin color match					Repigmentation permanence	
	Significantly lighter	Somewhat close but lighter	Perfect match	Somewhat close but darker	Significantly darker	Reversed after treatment	Still permanent
Arms	□	□	□	□	□	□	□
Legs	□	□	□	□	□	□	□
Hands	□	□	□	□	□	□	□
Feet	□	□	□	□	□	□	□
Elbows	□	□	□	□	□	□	□
Knees	□	□	□	□	□	□	□
Head	□	□	□	□	□	□	□
Neck	□	□	□	□	□	□	□
Face	□	□	□	□	□	□	□
Lips	□	□	□	□	□	□	□
Trunk	□	□	□	□	□	□	□
Groin	□	□	□	□	□	□	□
Genitals	□	□	□	□	□	□	□
Mucous membrane	□	□	□	□	□	□	□
Other (*please specify*) _____	□	□	□	□	□	□	□