Please fill out text fields by clearly readable printing! **BIOBANK CODE**

☐☐ - ☐☐☐☐ - ☐☐

GENERAL INFORMATION

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

- Hairs with follicles (____ hairs)

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 ___ ft
Patient's ethnicity (*please specify*) ______________________

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

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

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

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

Patient's eye color (*select one*)

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

Skin phototype (*select one*)

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

___

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 (*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 and feet)
- o Hand/Foot
- o Groin
- o 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 □ **YES** / □ **NO**

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

- o Arms/Legs (excluding hands and feet)
- o Hands/Feet
- o Elbows
- o Armpits
- o Groin
- o Neck/Face (excluding lips)
- o Lips
- o Trunk
- 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 uniform**, please describe the pattern or discoloration
____

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 (excluding hands and feet)	☐	☐	☐
Hands/Feet	☐	☐	☐
Groin	☐	☐	☐
Neck/Face	☐	☐	☐
Trunk	☐	☐	☐
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.

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/Legs (excluding hands and feet)
- o Hands/Feet
- o Groin
- o Neck/Face (excluding lips)
- o Lips
- o Trunk
- 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

If treating expanding white patches, please describe what happened in terms of **stopping their expansion**, or if **new white patches appeared during the treatment**

TREATMENT EFFICIENCY – STOPPING DISEASE PROGRESSION (*check all appropriate*)

Treatment No. ____

White skin patch location	Depigmentation spread after treatment				
	Continued or new white patches appeared	Continued but slowed significantly	Completely stopped	Spread of patches started again after treatment (specify time in month after treatment completion)	Patches still are not spreading further until now (specify time in months passed after treatment)
Arms/Legs (excluding hands and feet)	☐	☐	☐	☐	☐
Hands/Feet	☐	☐	☐	☐	☐
Groin	☐	☐	☐	☐	☐
Neck/Face (excluding lips)	☐	☐	☐	☐	☐
Lips	☐	☐	☐	☐	☐
Trunk	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐
Mucous membrane	☐	☐	☐	☐	☐
Other (*please specify*) ___________________________	☐	☐	☐	☐	☐

TREATMENT EFFICIENCY – REPIGMENTATION *(select all appropriate)*

Treatment No. ____

White skin patch location	Pigmentation spread						Repigmentation pattern				Surrounding skin color match					Repigmentation permanence	
	Worse than before	No effect	<15%	15-50%	50-95%	95-100%	From patch edge	From hair follicles	Uniformly over the patch	Not sure	Significantly lighter	Somewhat close but lighter	Perfect match	Somewhat close but darker	Significantly darker	Reversed after treatment (specify in months time to reversal)	Still permanent (specify time in months passed after treatment)
Arms/Legs (excluding hands and feet)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hands/Feet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Groin	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neck/Face (excluding lips)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lips	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Trunk	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mucous membrane	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (*please specify*) ________________________	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

TREATMENT EFFICIENCY – REPIGMENTATION *(select all appropriate)*

Treatment No. ____

White skin patch location	***Pigmentation spread***						***Repigmentation pattern***				***Surrounding skin color match***					***Repigmentation permanence***	
	Worse than before	*No effect*	*<15%*	*15-50%*	*50-95%*	*95-100%*	*From patch edge*	*From hair follicles*	*Uniformly over the patch*	*Not sure*	*Significantly lighter*	*Somewhat close but lighter*	*Perfect match*	*Somewhat close but darker*	*Significantly darker*	*Reversed after treatment (specify in months time to reversal)*	*Still permanent (specify time in months passed after treatment)*
Arms/Legs (excluding hands and feet)	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Hands/Feet	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Groin	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Neck/Face (excluding lips)	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Lips	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Trunk	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Genitals	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Mucous membrane	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
Other (please specify) ________________________	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

Supplementary survey to be filled out by the patient

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

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