EUROPEAN REGISTRY OF SEVERE CUTANEOUS ADVERSE REACTIONS TO DRUGS AND COLLECTION OF BIOLOGICAL SAMPLES

R e g i S C A R

Control Record Form

Interview no.

This is a confidential document of high importance for health research. In case of loss, if someone finds it, please send it to the following address:

Interview no. ☐☐☐ ☐☐☐☐

Questionnaire for Controls

Initials of the patient ☐☐

date of birth ☐☐☐☐☐☐

Age ☐☐☐

country of birth _____

Gender

☐ male

☐ female

Source of Control

Outpatient ☐

Hospitalized patient ☐

Volunteer ☐

Interview no. ☐☐☐ ☐☐☐☐

Questionnaire for Controls

HAVE YOU IN THE PAST HAD ANY OF THE FOLLOWING DISEASES?

	no	yes	unknown	year of event
- Atopic dermatitis / childhood eczema	☐	☐	☐	☐☐
- Psoriasis	☐	☐	☐	☐☐
- SCAR	☐	☐	☐	☐☐

If yes, please specify: _____

	no	yes	unknown	
Severe liver disorders?	☐	☐	☐	

If yes,

☐☐

_____
(please specify)

	no	yes	unknown	
Severe kidney disorders?	☐	☐	☐	

If yes,

☐☐

_____
(please specify)

	no	yes	unknown	
Rheumatic / autoimmune diseases?	☐	☐	☐	

If yes,

- rheumatoid polyarthritis	☐	☐☐
- systemic lupus erythematosus	☐	☐☐
- other:	☐	☐☐

_____
(please specify)

Interview no. ☐☐☐ ☐☐☐☐

Questionnaire for Controls

Other diseases

	no	yes	unknown	year of event
- Diabetes mellitus	☐	☐	☐	☐☐
- Convulsive disorder / epilepsy	☐	☐	☐	☐☐
- Allergic rhinitis	☐	☐	☐	☐☐
- Asthma	☐	☐	☐	☐☐
- Inflammatory bowel disease	☐	☐	☐	☐☐
* Colitis ulcerosa		☐		☐☐
* Crohn's disease		☐		☐☐
- Malignant diseases / cancer	☐	☐	☐	

If yes, please specify: _____ ☐☐

_____ ☐☐

Interview no. ☐☐☐ ☐☐☐☐

Questionnaire for Controls

Have you ever had an adverse reaction to drugs?

no ☐ yes ☐ unknown ☐

If yes,

Drug: _____

Type of reaction: _____

Drug: _____

Type of reaction: _____

Drug: _____

Type of reaction: _____

Drug: _____

Type of reaction: _____

Drug: _____

Type of reaction: _____