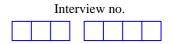
#### **REGISTRY OF SEVERE CUTANEOUS ADVERSE REACTIONS TO DRUGS AND COLLECTION OF BIOLOGICAL SAMPLES**

## RegiSCAR

# 1 Year-Questionnaire



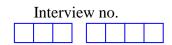




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#### **REGISTRY OF SEVERE CUTANEOUS ADVERSE REACTIONS TO DRUGS AND COLLECTION OF BIOLOGICAL SAMPLES**

#### R e g i S C A R 1 Year-Questionnaire



#### **GENERAL DATA**

Please fill in the date of 1 year-follow-up

Initials of the patient

(	date	e of	f bi	rth	

One year ago when hospitalized for hypersensitivity syndrome (DRESS) also doctor

(name)

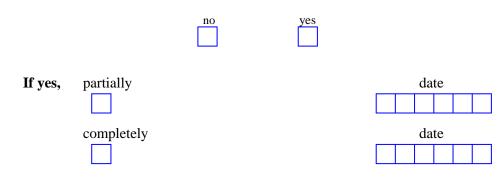
from our dermatological department came to visit you. You agreed to participate in a followup surveillance. Thank you for answering the following questions! We appreciate your help! Please do not hesitate to contact us for questions and help completing this questionnaire (our phone number: ......)!

Ir	nter	viev	v no	).		

1) Were you working before the severe cutaneous adverse reaction (SCAR), including school?

no yes	
es, did you resume your work (or school)?	
no yes	
If yes, when?	date
partially	
completely	
If no, why not?	

2) More generally, did you resume your daily activities?



Interview no.

## 1 Year-Questionnaire

**3)** Have you been suffering from the following symptoms due to your hypersensitivity syndrome (DRESS)?

<u>Skin</u>					
Hypocoloration of the skin	no	yes	If yes, still present:	no	yes
Hypercoloration of the skin			If yes, still present:		
Pruritus			If yes, still present:		
Other skin or mucous membrane	problems?				
	no	yes			
If yes, please specify			_ If yes, still present:	no	yes
If yes, please specify			_ If yes, still present:	no	yes

To what extent does your skin problem affect your daily-life? Please circle one of the following:

not at all /	slightly	/ moderately	/ quite a bit	/ extremely
--------------	----------	--------------	---------------	-------------

<u>Hair</u>					
Loss of hair	no	yes	If yes, regrown:	no	yes
Abnormalities					
If yes, type of abnormalities	5:				

To what extent does your hair problem affect your daily-life? Please circle one of the following:

not at all / slightly / moderately / quite a bit / extremely

Interview no.

## 1 Year-Questionnaire

#### Organ health problems:

- You had signs/symptoms of: (to be completed by the investigator in advance)

still	present				cured			date	of cure	_
										_
still	present				cured			date	of cure	
still	present				cured			date	of cure	_
still	present				cured			date	of cure	-
5411	present				curca					
<u>Other healt</u>	h proble	ms?	ſ	no	yes					
			L							
<b>If yes</b> , please						If yes, still present:	no		yes	
<b>If yes</b> , please	specify _					If yes, still present:	no		yes	

To what extent does your skin problem affect your daily-life? Please circle one of the following:

not at all / slightly / moderately / quite a bit / extremely

Ir	nter	viev	v nc	).		

		no	yes
<b>If yes</b> , plea	ase specify:		
If yes; do	you agree that we cont	tact this doctor to o	obtain more details?
		no	yes
Name,	, address, phone:		
		ave:	
(Since the	ectly. Please tell us	s are probably ve	ery difficult and detailed, we would like to ask your our doctor in case he or she is different from the above-
(Since the doctor dir mentioned	e following question ectly. Please tell us	s are probably ve	ery difficult and detailed, we would like to ask your our doctor in case he or she is different from the above-
(Since the doctor dir mentioned	e following question ectly. Please tell us d one)	s are probably ve	ery difficult and detailed, we would like to ask your our doctor in case he or she is different from the above-
(Since the doctor dir mentioned	e following question ectly. Please tell us d one)	s are probably ve	ery difficult and detailed, we would like to ask your our doctor in case he or she is different from the above-

- Blood count	no yes	unknown
If yes: normal	abnormal	
If abnormal, please specify	:	

			- 6 -			T. d. a. t.			
					]	Intervie	w nc	).	
		1 Y	ear-Questio	nnaire	L				
		110	ui-Quesilo	manc					
- Liver function tes	t		no	yes	unknown				
If yes:	normal		abnormal						
If abnorm	<b>1al</b> , please s	specify:							
- Renal function tes	t		no	yes	unknown				
If yes:	normal		abnormal						
If abnorm	nal, please s	pecify:							
- Other blood test(s	)		no	yes	unknown				
If yes:	normal		abnormal						
If abnorm	<b>nal</b> , please s	pecify:							
If yes:	normal		abnormal						
If abnorm	nal, please s	specify:							
- X-ray, MRI, scan	ner		no	yes	unknown				
If yes:	normal		abnormal						
If abnorm	nal, please s	pecify:							
- Other examination	n(s)		no	yes	unknown				
If yes:	normal		abnormal						
If abnorn	nal, please s	pecify:							
If yes:	normal		abnormal						
If abnorm	nal, please s	pecify:							

Ir	nter	viev	v no	).		

5) Has any health professional suggested that your thyroid gland may function abnormally?

no		yes

- 6) Did you notice the appearance or worsing of any of the following after your hypersensitivity syndrome (DRESS)?
  - Aesthetic embarrassment

no		yes
	•	

If yes, to what extent does it affect your daily-life? Please circle one of the following:

not at all / slightly / moderately / quite a bit / extremely

- Impaired sleeping

n	0	yes		

no

no

If yes, to what extent does it affect your daily-life? Please circle one of the following:

```
not at all / slightly / moderately / quite a bit / extremely
```

-	Bad	dreams
---	-----	--------

If ves.	to what e	xtent does	it affect v	our dailv	-life? Please	circle one	of the f	ollowing:
,								00

```
not at all / slightly / moderately / quite a bit / extremely
```

#### - Are you afraid of medications?

		J	/es

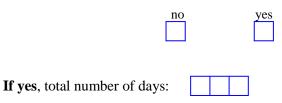
If yes, to what extent does it affect your daily-life? Please circle one of the following:

not at all / slightly / moderately / quite a bit / extremely

Ir	nter	viev	v nc	).		

#### 7) Some more questions:

Were you hospitalized again as a consequence of your hypersensitivity syndrome (DRESS)?



After your hypersensitivity syndrome (DRESS) did you avoid using drugs?



If yes, circle one or more of the following:

oral medication	/ topical medication /	vaccination / i.v. medication	/ dental injections / othe	er:
	(i.e., creams)		·	

After your hypersensitivity syndrome (DRESS) did you avoid medical or dental care?

	no	yes
Did you get professional psycl (DRESS)?	nological suj	pport because of your hypersensitivity syndrome
	no	yes
If yes, please specify:		

Do you think professional psychological support would be helpful?

no		yes

Ir	nter	viev	v no	).		

- 9 -

Do you consider that your questions about your disease have been adequately answered?							
	not at all	only partially	mostly	completely			
Has the cause	e of your disease beer	detected?					
		no	yes				
If yes, ple	If yes, please name it as specific as possible:						
Have you rec	eived written advice	e to avoid speci	fic medication?				
		no	yes				
If yes, which one?							

Thank you for answering our questions!

Please never hesitate to contact us whenever we can provide our help!

All the best for you!