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

RegiSCAR

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1 Year-Questionnaire

Interview no. ☐☐☐ ☐☐☐☐

DRESS ☐

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2012-10-15

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

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

Interview no. ☐☐☐ ☐☐☐☐

GENERAL DATA

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

Initials of the patient ☐☐

date of birth ☐☐☐☐☐☐

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 follow-up 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: .....)!

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1 Year-Questionnaire

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

no ☐ yes ☐

If yes, 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?

no ☐ yes ☐

If yes, partially ☐ date ☐☐☐☐☐☐

completely ☐ date ☐☐☐☐☐☐

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

Skin

	no	yes		no	yes
Hypocoloration of the skin	☐	☐	**If yes,** still present:	☐	☐
Hypercoloration of the skin	☐	☐	**If yes,** still present:	☐	☐
Pruritus	☐	☐	**If yes,** still present:	☐	☐

Other skin or mucous membrane problems?

no	yes
☐	☐

	no	yes
If yes, please specify _____ **If yes,** still present:	☐	☐
If yes, please specify _____ **If yes,** still present:	☐	☐

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

Hair

	no	yes		no	yes
Loss of hair	☐	☐	**If yes,** regrown:	☐	☐
Abnormalities	☐	☐			

If yes, type of abnormalities: _____

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

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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 ☐☐☐☐☐☐

Other health 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

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Have you been treated for one or several of these sequelae?

no ☐ yes ☐

If yes, please specify:

_____

If yes; do you agree that we contact this doctor to obtain more details?

no ☐ yes ☐

Name, address, phone:

_____

_____

_____

4) Since discharge did you have:

(Since the following questions are probably very difficult and detailed, we would like to ask your doctor directly. Please tell us the address of your doctor in case he or she is different from the above-mentioned one)

Name, address, phone:

_____

_____

_____

- Blood count no ☐ yes ☐ unknown ☐

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

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- Liver function test no ☐ yes ☐ unknown ☐

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

- Renal function test no ☐ yes ☐ unknown ☐

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

- Other blood test(s) no ☐ yes ☐ unknown ☐

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

- X-ray, MRI, scanner no ☐ yes ☐ unknown ☐

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

- Other examination(s) no ☐ yes ☐ unknown ☐

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

If yes: normal ☐ abnormal ☐

If abnormal, please specify: _____

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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

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

- Bad dreams

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

- Are you afraid of medications?

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

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1 Year-Questionnaire

7) Some more questions:

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

no ☐ yes ☐

If yes, total number of days: ☐☐☐

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

no ☐ yes ☐

If yes, circle one or more of the following:

oral medication / topical medication (i.e., creams) / vaccination / i.v. medication / dental injections / other:_____

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

no ☐ yes ☐

Did you get professional psychological support because of your hypersensitivity syndrome (DRESS)?

no ☐ yes ☐

If yes, please specify:

_____

Do you think professional psychological support would be helpful?

no ☐ yes ☐

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Do you consider that your questions about your disease have been adequately answered?

not at all ☐ only partially ☐ mostly ☐ completely ☐

Has the cause of your disease been detected?

no ☐ yes ☐

If yes, please name it as specific as possible:

_____

Have you received written advice to avoid specific 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!