

CHILDHOOD SCLERODERMA

12-MONTH FOLLOW-UP QUESTIONNAIRE

Study Number:
To be completed by investigator

Hospital:

Form completed by:

Patient's initials:

Date of Birth:

Post code
(first 3 letters)

A study in conjunction with The British Paediatric Surveillance Unit of the Royal College of Paediatrics and Child Health

1. Has the diagnosis changed since initial form (enclosed) completed? Yes No

2. Has the diagnosis been confirmed by a dermatologist or a rheumatologist? Yes No

If yes (please tick which one)

Dermatologist
Rheumatologist

3. What was the "result" from the specialist opinion. For example did the specialist opinion confirm or refute the initial diagnosis?

Please comment:

4. Has the condition

a. Resolved Yes No

b. Improved Yes No

c. Deteriorated Yes No

5. Is the child still alive? Yes No

If no cause of death

Date of death

Month Year

6. Any significant changes in

a. Symptoms Yes No

If yes please comment

b. Signs

Yes No

If yes please comment

7. Any clinically significant results from investigations?

Yes No

If yes please comment

8. Treatments initiated in past 12 months

Name of drug	Initiated		Continuing	
	Yes	No	Yes	No (if no please state reason for stopping)
Oral steroids				
Parental steroids				
Methotrexate				
Cyclophosphamide ORAL				
Cyclophosphamide I.V.				
D-Penicillamine				
Prostanoids				
Calcium channel blockers				
ACE inhibitors				
Vitamin D				
PUVA				
Topical Steroids				
Cyclosporin A				

Other (please specify, including topical treatment)

Physiotherapy Yes No Don't Know

Occupational therapy Yes No Don't know

Please provide any other information which you feel may be relevant

Send the completed form to: Dr Ariane Herrick
 ARC Epidemiology Unit
 Stopford Building
 Oxford Road, Manchester, M13 9PT

Tel: 0161 275 5993
 Fax: 0161 275 5043
 E-mail: aherrick@fs1.ho.man.ac.uk