

Appendix



CONTROL CLINICAL PROFORMA

Department of Biochemistry, Faculty of Science



The Maharaja Sayajirao University of Baroda, Vadodara, Gujarat

Dr. _____

Date: _____

Name: _____

Age: _____ Sex: _____

Address _____

Marital status: Married/Single

Religion: _____

Blood Group: _____

Occupation: _____

Income: _____

Education: _____

Native place: _____

Any Disease (including Vitiligo): _____

Family History of vitiligo: Yes/No

Personal history:

Diet: Veg/ nonveg/ ovoveg/ mixed

Routine food: _____

Habits: Smoking/ tobacco chewing/ alcoholism

Any Treatment:

I, _____ have understood the aim of this study and willing to donate 5 ml blood sample for this purpose.

Signature

Date:



PARENTS CONSENT FORM
Department of Skin and VD, SSG Hospital &
Department of Biochemistry,
The M. S. University of Baroda,
Vadodara-390002



I _____ have been explained about the research project "Biochemical, cellular, genetic and molecular basis of vitiligo pathogenesis" I have understood the aims, procedures, advantages, and likely side effects of this research work and about my child's role in this research work.

Taking part in this study is voluntary. You may choose not to let your child take part or you or your child may choose to leave the study at any time. Your decision will not result in any penalty or loss of benefits to which your child is entitled. If you have questions about your child's rights you may contact us.

Your signature below means that you have read the above information about the researchwork.

You agree to allow your child to participate in this research study.

NAME OF PARTICIPANT

AGE

SIGNATURE OF PARENT OR GUARDIAN

DATE



VITILIGO CLINICAL PROFORMA

Department of Biochemistry,
The M. S. University of Baroda,
Vadodra-390002



BIO DATA

Date:

Name:

Age/sex:

Marital status:

Religion:

Date of Birth:

Occupation:

Address:

Contact No.:

COMPLAINTS:

a. Duration:

b. Site of onset:

c. Progression of lesions: Regressive / Stable / Progressive Disease

a. Any new lesions over past 6 months: Yes/ No Number:

b. Increase in number size of any lesion over 6 past 6 months: Yes/ No

c. Decrease in number of any lesions over past 6 months: Yes/No

d. Decrease in size of any lesions over past 6 months: Yes/No

d. Precipitating factors:

No / Physical trauma / Sun exposure / Emotional stress / Drugs / Chemicals / Plastic Chappal
/Bhindi/ Others _____

PAST HISTORY:

Similar lesion: No/Yes;

If yes: Age of onset-

Complete remission after-

TREATMENT HISTORY:

Regular/ Irregular

Sudden repigmentation: yes/ no

Local sensitivity (photo) after treatment

Treatment:

Recovery	No response	Poor	Good
Alopathic			
Ayurvedic			
Homeopathic:			
Mixed:			
Others:			
None:			

History of UV Therapy: No/ Yes

If yes: Type- UVA/ UVB

Time: Daily/ Alternate Day/ Weekly

Response: Worse/ No/ Mild/Moderate/ Good

ASSOCIATED SYSTEMIC ILLNESS: No / Diabetes mellitus / Hypertension / Thyroid disorder / Alopecia areata/ TB / Lichen planus/ Psoriasis / Others**DIETARY HISTORY:** Vegetarian/ Eggetarian/ Non-vegetarian**FAMILY HISTORY:****A. 1st degree relatives:**

Father

Mother

Sister/brother

Daughter/son

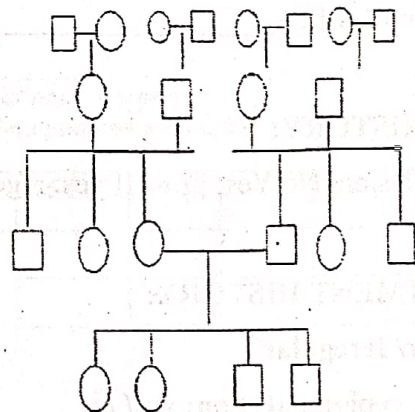
B. 2nd degree relatives:

Paternal grandmother

Paternal grandfather

Maternal grandmother

Maternal grandfather



Maternal or paternal uncles or aunts

C. 3rd degree relatives: cousins/nephews

VITAL PARAMETERS -

CUTANEOUS EXMINATION

Morphology: Macule/ Papule/ Plaque/ Pustule/ Vesicle/ Bulla/ Nodule/ Crust/ Ulcer/ Erosion/

Color: Depigmentation/ Hypopigmentation/ Hyperpigmentation/ Erythematous/

Sites: Scalp/ Face/ Neck/ Chest/ Abdomen/ Back/ Upper extremities- flexor/ Upper extremities-extensor/ Lower extremities- flexor/ Lower extremities-extensor/ Buttocks/ Palms/ Soles/ Fingers/ Toes/ Genitalia/Bony Prominences

Mucosa: No/ oral/ genitalia/ both; findings

Number of lesions: One/ 2-5/ 6-10/ 11-15/ 16-20/ >20

Koebner phenomenon: No/Yes

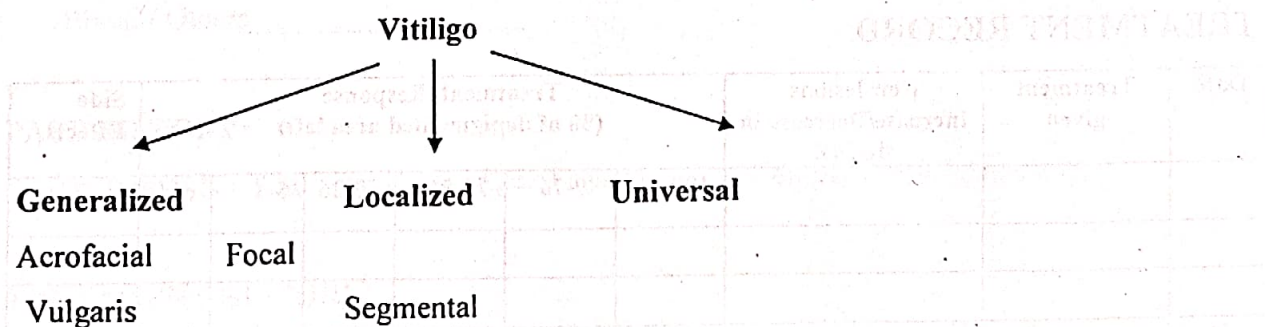
Body surface area involved: %

Leucotrichia: No/ Isolated/ with lesion/ Both

Wood's lamp examination:

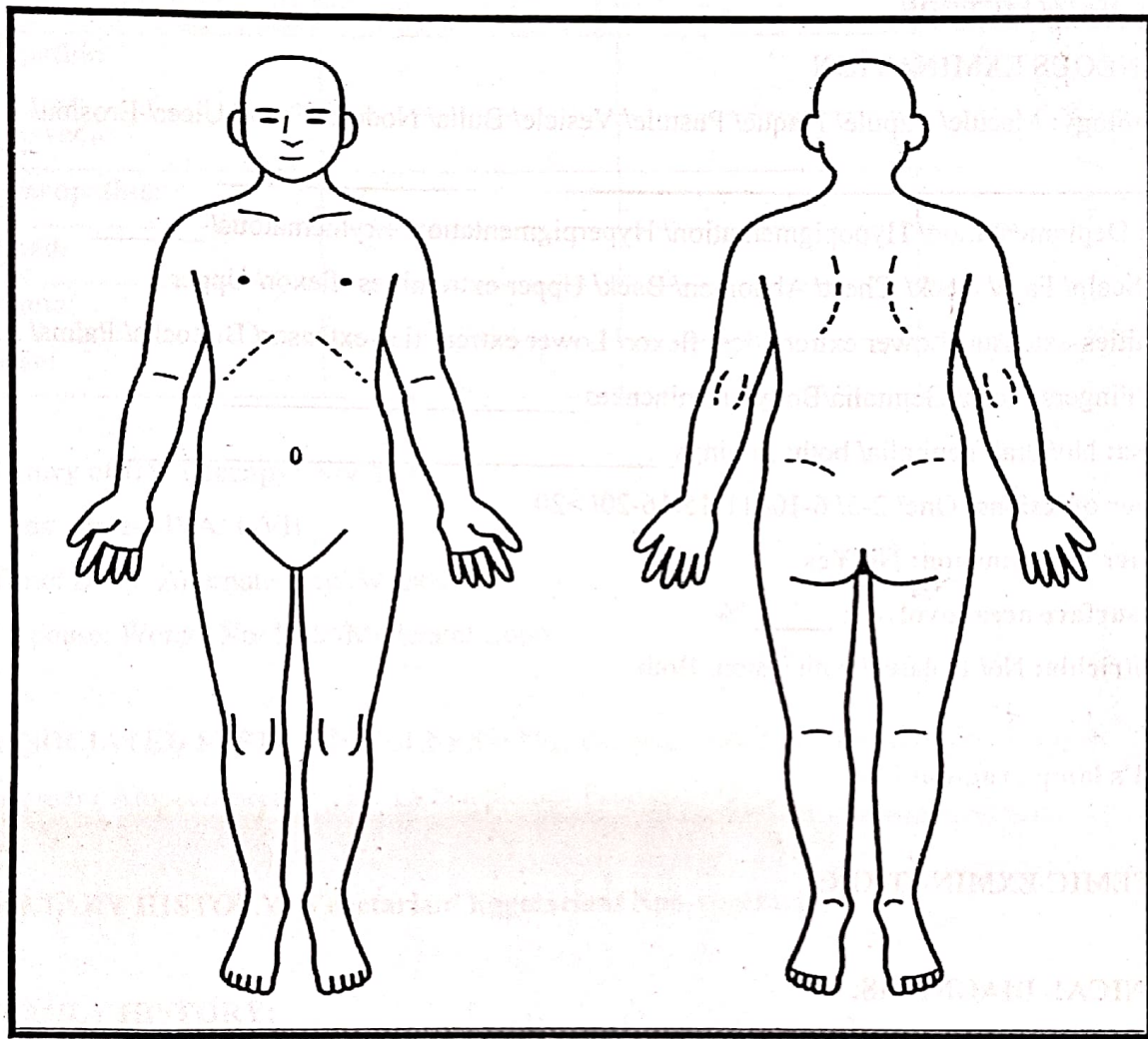
SYSTEMIC EXMINATION:

CLINICAL DIAGNOSIS:



PROGNOSTIC CLASSIFICATION: Stable/ Active

BASELINE INVOLVEMENT:



TREATMENT RECORD

Date	Treatment given	New lesions Increase/Decrease in size/no.	Treatment Response (% of depigmented area left)						Side Effects
			100	99-76	75-51	50-26	25-1	no	

Signature of the patient

Date: