

MORPHEA Registry and DNA Repository

I have read the description of the study and I have decided to participate in the research project described here. I understand that I may refuse to answer any (or all) of the questions at this time or any other time. I understand that I will be contacted on an annual basis in the future about this, but that I am free to refuse any further participation if I wish.

Part A. Physical Examination

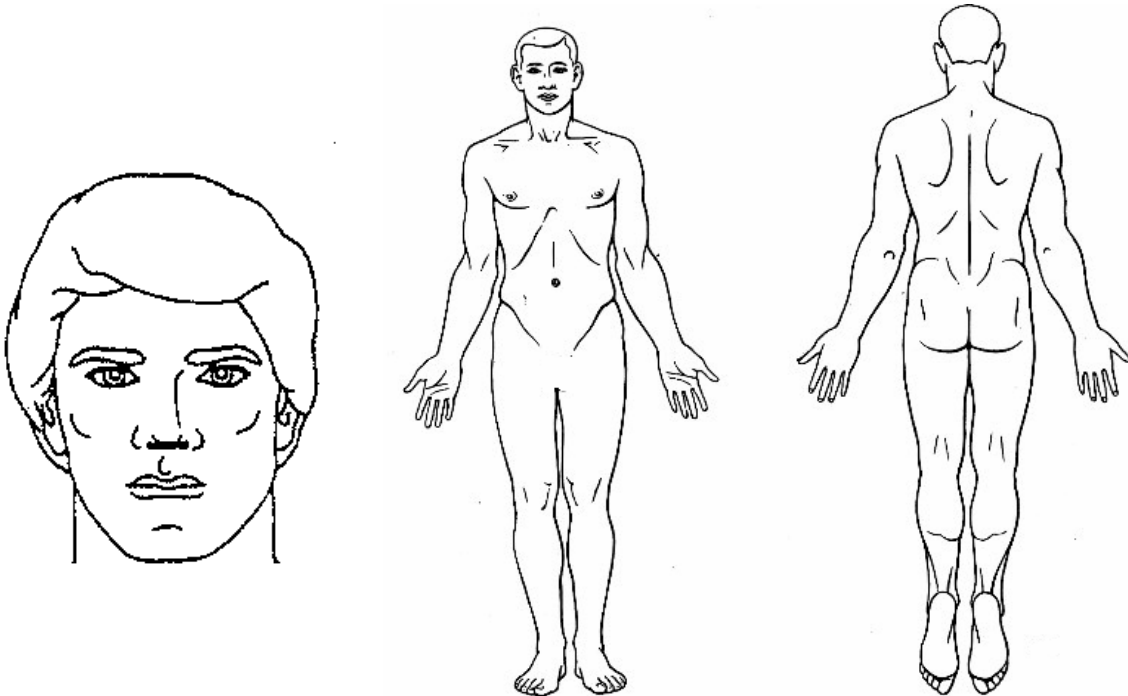
1. Please check the box for which subtype of morphea you have been diagnosed as having (if known):

Subtype	Month / Year of Onset
<input type="checkbox"/> Plaque	____/____
<input type="checkbox"/> Linear	____/____
<input type="checkbox"/> Generalized	____/____
<input type="checkbox"/> Deep	____/____
<input type="checkbox"/> Lichen sclerosus overlap	____/____
<input type="checkbox"/> Bullous	____/____
<input type="checkbox"/> Guttate	____/____
<input type="checkbox"/> Mixed	____/____

Types: _____

2. Use the body diagram below to illustrate the appearance of each lesion

- ♦ Number the lesions (starting with 1) according to their order of occurrence (note: if you noticed some at the same time, please indicate such and give them the same number. If you do not know which came first, give an overall description of progression in the margins of the diagram).
- ♦ Describe (next to the area/lesion) if there is (a) redness, (b) swelling, (c) increased or (d) decreased pigmentation and/or (e) joint deformities.
- ♦ Indicate if any of your extremities are not the same length due to your morphea.
- ♦ Indicate if you have indentations where the morphea was active in the past.



Part A. Physical examination continued

3. Modifiers ☐ En Coup de Sabre ☐ Parry Romberg
☐ Superficial involvement ☐ Deep involvement

4. Limited range of motion: ☐ Yes ☐ No

- 4a. If yes, where:
- | | |
|--|---|
| <input type="checkbox"/> R <input type="checkbox"/> L Toes | <input type="checkbox"/> R <input type="checkbox"/> L Fingers |
| <input type="checkbox"/> R <input type="checkbox"/> L Ankles | <input type="checkbox"/> R <input type="checkbox"/> L Wrists |
| <input type="checkbox"/> R <input type="checkbox"/> L Knees | <input type="checkbox"/> R <input type="checkbox"/> L Elbows |
| <input type="checkbox"/> R <input type="checkbox"/> L Chest | <input type="checkbox"/> R <input type="checkbox"/> L Back |
| <input type="checkbox"/> R <input type="checkbox"/> L Hips | <input type="checkbox"/> R <input type="checkbox"/> L Shoulders |
| <input type="checkbox"/> R <input type="checkbox"/> L Face | <input type="checkbox"/> R <input type="checkbox"/> L Neck |

5. Tenderness to palpation: ☐ Yes ☐ No

- 5a. If yes, where is it tender: ☐ In the lesion
☐ In the area surrounding the lesion
☐ In the skin ☐ In the joint
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