

ASSESSMENT QUESTIONNAIRE ON THE IMPACT OF ENVIRONMENTAL FACTORS ON RAYNAUD'S PHENOMENON

Patient # _____; primary; associated with

Date of birth: _____ age : _____

Date of compiling : _____

Gender: male female

Weight _____ Height _____

1. REGARDING RAYNAUD'S PHENOMENON

Year of onset of Raynaud's phenomenon: _____

Year of diagnosis of the associated Connective tissue disease: _____

Are you particularly sensitive to cold?

- No and I prefer not to wear gloves 0
- No, but I prefer to wear gloves 1
- Yes, I constantly wear gloves 2
- Yes and I tend to cover up or turn on the heating 3

Does Raynaud's phenomenon affect your quality of life?

- No 0
- Not much 1
- Quite a lot 2
- It is disabling (e.g skin ulcers) 3

Please, quantify the finger pain associated with Raynaud's phenomenon (VAS scale)

- Absent 0
- Annoying 1
- Nagging 2
- Painful 3
- Terrible 4
- Unbearable 5

Is Raynaud's phenomenon associated with digital ulcers?

- No 0
- In the past, not now 1

- Yes, currently 2

2. FAMILY HISTORY

Do you have relatives affected by Raynaud's phenomenon?

- No 0
- Yes. Please, indicate the degree of kinship and illness :
 - _beyond the 2nd degree (Uncles/aunts, cousins, etc) 1
 - _2nd degree (grandparents, brothers/sisters) 2
 - _1st degree (parents, children) 3

Do you have relatives affected by autoimmune diseases?

- No 0
- Yes: indicate the degree of kinship and illness :
 - _beyond the 2nd degree (Uncles/aunts, cousins, etc) 1
 - _2nd degree (grandparents, brothers/sisters) 2
 - _1st degree (parents, children) 3

3. PHYSIOLOGICAL HISTORY

A. before the onset of Raynaud's phenomenon:

Did you have a smoking habit?

- NO (I don't smoke) 0
- Yes 1

If you were an ex-smoker, how long since you quit?

Indicate the number of months or years

- NO (I was not an ex-smoker) 0
- YES, I was an ex- smoker and I quit _____ years / months ago 1

Did you habitually use medications (including contraceptives)?

- No 0
- Yes. Which one/ones _____ 1

Did you habitually use drugs?

- No 0
- Yes. Which one/ones and for how many months or years _____ 1

Did you habitually consume alcoholic beverages or spirits?

- No 0

- Yes. For how many months or years _____ 1

B. after the onset of Raynaud's phenomenon.

Do/Did you have a smoking habit?

- NO (I don't smoke) 0
- Yes 1

If you were an ex-smoker, how long since you quit?

Indicate the number of months or years

- NO (I was not an ex-smoker) 0
- YES, I was an ex-smoker and I quit _____ years /months ago_ 1

Do/Did you habitually use medications (including contraceptives)?

- No 0
- Yes. Please, specify which one/ones _____ 1

Do/did you habitually use drugs?

- No 0
- Yes. Please, specify which one/ones _____ 1

Do/Did you habitually consume alcoholic beverages or spirits?

- No 0
- Yes. For how many months or years _____ 1

4. MEDICAL HISTORY

A. before the onset of Raynaud's phenomenon:

Did you ever undergo surgery under general anesthesia?

- No 0
- Yes. Please, specify type and year of surgery 1

Did you ever undergo prosthesis implantation (e.g. hip, knee, tooth)?

- No 0
- YES . Please, specify 1

Anatomic location _____ . Year of surgery _____

Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____

Did you ever undergo cosmetic surgery (e.g. paraffin, silicone implant) ?

- No 0
- YES . Please, specify 1

Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____

Did you ever use contact lenses?

- NO 0
- YES From (year) _____ to (year) _____ 1

Did you have optional vaccines (e.g. vaccines against flu, papilloma virus, or viral hepatitis)?

- No 0
- Yes, type of vaccine and year of vaccination 1

Anti papilloma _____
 Anti meningococcus _____
 Anti pneumococcus _____
 Anti hepatitis B virus _____
 Anti seasonal flu _____
 Anti tuberculosis _____

Did you ever contract tuberculosis infection?

- No 0
- Quantiferon positive (only) 1
- YES. Please, specify year of infection contraction _____ 2

Did you contract other types of infection, including recurrent ones

- No 0
 - Yes. Please, specify time of appearance, agent, location, duration and recurrence) 1
- _____

Did you ever suffer from dermatitis?

- No 0

- Yes, contact dermatitis (es. nickel, dyes, cosmetics) 1
 - YES, other type/s of dermatitis. Please, specify type and year of appearance 2
- _____

B. after the onset of Raynaud's phenomenon:

Did you undergo surgery under general anesthesia?

- No 0
 - Yes. Please, specify type and year of surgery 1
- _____

Did you undergo prosthesis implantation (e.g. hip, knee, tooth)?

- No 0
- YES . Please, specify 1

Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____

Did you undergo cosmetic surgery (e.g. paraffin, silicone implant) ?

- No 0
- YES . Please, specify 1

Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____
 Anatomic location _____ . Year of surgery _____

Do/Did you use contact lenses?

- NO 0
- YES From (year) _____ to (year) _____ 1

Did you have optional vaccines (e.g. vaccines against flu, papilloma virus, or viral hepatitis)?

- No 0
- Yes, type of vaccine and year of vaccination 1

- Anti papilloma _____
- Anti meningococcus _____
- Anti pneumococcus _____
- Anti hepatitis B virus _____

- Anti seasonal flu _____
- Anti tuberculosis _____

Did you contract tuberculosis infection?

- No 0
- Quantiferon positive (only) 1
- YES. Please, specify year of infection contraction _____ 2

Did you contract other types of infection, including recurrent ones

- No 0
- Yes. Please, specify time of appearance, agent, location, duration and recurrence) _____ 1

Did you suffer from dermatitis?

- No 0
- Yes, contact dermatitis (es. nickel, dyes, cosmetics) 1
- YES, other type/s of dermatitis. Please, specify type and year of appearance _____ 2

5. SOCIO-ENVIRONMENTAL CHARACTERISTICS

A. Before the onset of Raynaud's phenomenon

What was your social status?

- Unmarried 1
- Married 2
- Divorced/separated 3
- Widowed 4

Where did you live? (Please, indicate for how many years)

- Country 1
- Small town 2
- Big city 3
- Sea 4
- Mountains 5

Was the place where you lived near (within 2 km) an industrial area and/or airport and/or facility with considerable polluting potential?

- No 0
- Yes 1

B. After the onset of Raynaud's phenomenon

What is your social status?

- Unmarried 1
- Married 2
- Divorced/separated 3
- Widowed 4

Where do/did you live? (Please, indicate for how many years)

- Country 1
- Small town 2
- Big city 3
- Sea 4
- Mountains 5

Was the place where you lived near (within 2 km) an industrial area and/or airport and/or facility with considerable polluting potential?

- No 0
- Yes 1

6. DAILY HABITS

A. Before the onset of Raynaud's phenomenon

Did you habitually play a musical instrument?

- No 0
- Yes: type _____ for how many years _____ 1

Did you habitually use bleach or antibacterial solution?

- No 0
- Yes, sporadically 1
- Yes, frequently 2

Did you habitually use perfumes?

- No 0

- Yes, sporadically(< twice a week) 1
- Yes, daily 2

Did you use nail polish?

- No 0
- Yes, sporadically 1
- Yes, frequently 2

Did you use hair dye?

- No 0
- Yes. Please, indicate for how many years _____ 1

Did you have habitual contact with agricultural insecticides and pesticides?

- No 0
- Yes. Please, indicate which one/s and the time of exposure
_____ 1

Which disinfectant/s did you use for daily hygiene or dressing skin wounds

- NO (no use of disinfectant) 0
- Yes. Please, indicate: 1
- a) Hydrogen peroxide-based
- b) Iodine-based
- c) Chlorine-based
- d) alcohol-based
- e) Other: _____

B. After the onset of Raynaud's phenomenon

Do/Did you habitually play a musical instrument?

- No 0
- Yes: type _____ for how many years _____ 1

Do/Did you habitually use bleach or antibacterial solution?

- No 0
- Yes, sporadically 1
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Do/Did you use hair dye?

- No 0
- Yes. Please, indicate for how many years _____ 1

DO/Did you have habitual contact with agricultural insecticides and pesticides?

- No 0
- Yes. Please, indicate which one/s and the time of exposure
_____ 1

Which disinfectant/s do/did you use for daily hygiene or dressing skin wounds

- NO (no use of disinfectant) 0
- Yes. Please, indicate: 1
- f) Hydrogen peroxide-based
- g) Iodine-based
- h) Chlorine-based
- i) alcohol-based
- j) Other: _____

7. WORK HABITS**A. Before the onset of Raynaud's phenomenon****What job did you do and for how many years**

- Housewife _____ 1
- Farmer _____ 2
- Mechanic, carpenter, sawmill worker, metallurgist, upholsterer _____ 3
- Construction worker with pneumatic hammers _____ 4
- Butcher _____ 5
- Hairdresser _____ 6
- Painter/house painter _____ 7
- Work in analysis and research laboratory (technician, biologist, researcher) 8

- Other. Please, specify _____ 9

Did your job expose you to passive smoking?

- No 0
- Yes 1

Did your job oblige you to travel constantly?

- No 0
- Yes. Please, specify how often: _____ 1

Did your job oblige you to have contact with drugs or toxic substances?

- No 0
- Yes. Please, specify which one/s _____ 1

Did your job require the use of a computer and mouse for many hours?

- No 0
- Yes. Please, specify how many hours _____ 1

B. After the onset of Raynaud's phenomenon

What job do/did you do and for how many years

- Housewife _____ 1
- Farmer _____ 2
- Mechanic, carpenter, sawmill worker, metallurgist, upholsterer _____ 3
- Construction worker with penumatic hammers _____ 4
- Butcher _____ 5
- Hairdresser _____ 6
- Painter/house painter _____ 7
- Work in analysis and research laboratory (technician, biologist, researcher) 8
- Other. Please, specify _____ 9

Do/Did your job expose you to passive smoking?

- No 0
- Yes 1

Do/Did your job oblige you to travel constantly?

- No 0

- Yes. Please, specify how often: _____ 1

Do/Did your job oblige you to have contact with drugs or toxic substances?

- No 0
- Yes. Please, specify which one/s _____ 1

Do/Did your job require the use of a computer and mouse for many hours?

- No 0
- Yes. Please, specify how many hours _____ 1

8. PSYCHIC AND SEXUAL SPHERE

A. Before the onset of Raynaud's phenomenon

How would you describe your character/mood?

- Euthymic 1
- Anxious 2
- Depressed 3
- Stressed 4
- Other: _____ 5

Did you use contraceptive methods (e.g estrogen-progestin oral contraceptives, IUD)?

- No 0
- Yes. Please, specify which one/s _____ 1

Did you ever contract a venereal infection

- No 0
- Yes. Please, indicate which one/s:
 - Chlamydia 1
 - Vaginal Candidiasis 2
 - Papillomavirus (HPV) 3
 - Gonorrhoea 4
 - Genital Herpes 5
 - other. Please, specify _____ 6

B. After the onset of Raynaud's phenomenon

How do you describe your character/mood?

- Euthymic 1
- Anxious 2
- Depressed 3
- Stressed 4
- Other: _____ 5

Do/Did you use contraceptive methods (e.g estrogen-progestin oral contraceptives, IUD)?

- No 0
- Yes. Please, specify which one/s _____ 1

Did you contract a venereal infection

- No 0
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 - Papillomavirus (HPV) 3
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 - Genital Herpes 5
 - other. Please, specify _____ 6