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## 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	e □	
Weight	Height	
1. REGARD	DING RAYNAUD'S PHENOMENON	
Year of onset of Ra	aynaud's phenomenon:	
Year of diagnosis o	f the associated Connective tissue disease:	
Are you particularl	ly sensitive to cold?	
<ul> <li>No and I pr</li> </ul>	refer not to wear gloves	0
• No, but I p	refer to wear gloves	1
<ul> <li>Yes, I cons</li> </ul>	stantly wear gloves	2□
<ul> <li>Yes and I t</li> </ul>	tend to cover up or turn on the heating	3□
Does Raynaud's pl	henomenon affect your quality of life?	
• No		0
<ul> <li>Not much</li> </ul>		1
<ul> <li>Quite a lot</li> </ul>		2□
<ul> <li>It is disabli</li> </ul>	ing (e.g skin ulcers)	3□
Please, quantify the	e finger pain associated with Raynaud's phen	omenon (VAS scale)
<ul> <li>Absent</li> </ul>		0
<ul> <li>Annoying</li> </ul>		1
<ul> <li>Nagging</li> </ul>		2□
<ul> <li>Painful</li> </ul>		3□
<ul> <li>Terrible</li> </ul>		4□
<ul> <li>Unbearable</li> </ul>	е	5□
Is Raynaud's pheno	omenon associated with digital ulcers?	
• No		0
<ul> <li>In the past</li> </ul>	t, not now	1

Yes, currently	2□
2. FAMILY HISTORY	
Do you have relatives affected by Raynaud's phenomenon?	
• No	0
<ul> <li>Yes. Please, indicate the degree of kinship and illness:</li> <li>_beyond the 2nd degree (Uncles/aunts, cousins, etc)</li> </ul>	1
_2nd degree (grandparents, brothers/sisters)	2□
_1st degree (parents, children)	3□
Do you have relatives affected by autoimmune diseases?	
• No	0
<ul> <li>Yes: indicate the degree of kinship and illness:</li> <li>_beyond the 2nd degree (Uncles/aunts, cousins, etc)</li> </ul>	1
_beyond the 2nd degree (Oncles/aunts, codshis, etc)	10
_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	
<ul> <li>NO (I was not an ex-smoker)</li> </ul>	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?	۰Π
<ul> <li>No</li> <li>Yes. Please, specify which one/ones</li> </ul>	0□ 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?	
	0□
<ul> <li>No</li> <li>Yes. Please, specify type and year of surgery</li> </ul>	1
Did you ever undergo prosthesis implantation (e.g. hip, knee, tooth)?	
• No	0
YES . Please, specify	1
Anatomic location . Year of surgery	

		. Year of surgery	
	Anatomic location	Year of surgery	
Did you	ever undergo cosmetic surg	ery (e.g. paraffin, silicone implant) ?	
•	No		0
•	YES. Please, specify		1
	Anatomic location	Year of surgery	
		. Year of surgery	
	Anatomic location	Year of surgery	
Did vou e	ver use contact lenses?		
•	NO		0
•	YES From (year)	to (year)	_ 1□
hepatitis) •	No Yes, type of vaccine and year of Anti papilloma Anti meningococcus Anti pneumococcus Anti hepatitis B virus Anti seasonal flu Anti tuberculosis		0     1
Did you e	ver contract tubercolosis in	fection?	0
•	Quantiferon positive (only)		1
•		ection contraction	2□
Did you c	No	earance, agent, location, duration and recurrence)	0 <b></b>
Did you e	ver suffer from dermatitis?  No		0

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	Yes, contact dermatitis (es	. nickel, dyes, cosmetics)	1
	YES, other type/s of derma	atitis. Please, specify type and year of appearance	
			2□
	B. after the onset of Ray	naud's phenomenon:	
Did yo	ou undergo surgery under ger	neral anesthesia?	
	• No		0
	Yes. Please, specify type and y	/ear of surgery	1
Did yo	ou undergo prosthesis implan	tation (e.g. hip, knee, tooth)?	
	• No		0
	• YES . Please, specify		1
		. Year of surgery	
		Year of surgery	
	Anatomic location	Year of surgery	
Did yo	ou 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/Dio	d you use contact lenses?		
	• NO		0
	• YES From (year)	to (year)	_ 1□
Did yo	ou have optional vaccines (e.g	. vaccines against flu, papilloma virus, or v	iral
hepati	tis)?		
	• No		0
	<ul> <li>Yes, type of vaccine and year</li> </ul>	of vaccination	1
	Anti papilloma		
	Anti meningococcus		
	Anti pneumococcus		
	Anti hepatitis B virus		

<ul> <li>Anti seasonal flu</li> <li>Anti tuberculosis</li> </ul>	
Did you contract tubercolosis 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
<ul> <li>Yes. Please, specify time of appearance, agent, location, duration and recurrence)</li> </ul>	
	1
Did you suffer from dermatitis?	
• No	0
<ul> <li>Yes, contact dermatitis (es. nickel, dyes, cosmetics)</li> </ul>	$1\square$
<ul> <li>YES, other type/s of dermatitis. Please, specify type and year of appearance</li> </ul>	
	2□
5. SOCIO-ENVIRONMENTAL CHARACTERISTICS	
A. Pofore the enget of Daymand's phonomenon	
A. Before the onset of Raynaud's phenomenon	
What was your social status?	
• Unmarried	$1\square$
Married	$2\square$
Divorced/separated	3□
<ul> <li>Widowed</li> </ul>	4□
Where did you live? (Please, indicate for how many years)	
• Country	1
Small town	$2\square$
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?

		7
• No	0	
• Yes	1	
B. After the onset of Ra	aynaud's phenomenon	
What is your social status?		
Unmarried	1	
<ul> <li>Married</li> </ul>	2	
<ul> <li>Divorced/separated</li> </ul>	3	
<ul> <li>Widowed</li> </ul>	4	
Where do/did you live? (Please, in	ndicate for how many years)	
• Country		
Small town	2	
<ul> <li>Big city</li> </ul>	3	
• Sea	4	
<ul> <li>Mountains</li> </ul>	5	
Was the place where you lived ne and/or facility with considerable	ar (within 2 km) an industrial area and/or airporpolluting potential?	rt
• No	0	
• Yes	1	
6. DAILY HABITS  A. Before the onset of	Raynaud's phenomenon	
Did you habitually play a musical in	strument?	
• No	0	
Yes: type	for how many years1	
Did you habitually use bleach or an	tibacterial solution?	
• No	0	
<ul> <li>Yes, sporadically</li> </ul>	1	
<ul> <li>Yes, frequently</li> </ul>	2	
Did you habitually use perfumes?		
• No	0	

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<ul> <li>Yes, sporadically(&lt; twice a week</li> </ul>	a)	10
Yes, daily	7	2 <b>E</b>
Did you use nail polish?		
• No		0
<ul> <li>Yes, sporadically</li> </ul>		1[
• Yes, frequently		2 <b>[</b>
Did you use hair dye?		
• No		oΓ
<ul> <li>Yes. Please, indicate for how ma</li> </ul>	any years	1
<ul> <li>Which disinfectant/s did you use for</li> <li>NO (no use of disinfectant)</li> </ul>	· daily hygiene or dressing skin wounds	оΕ
<ul> <li>Yes. Please, indicate:</li> </ul>		1
<ul> <li>a) Hydrogen peroxide-based</li> </ul>		
b) Iodine-based		
c) Chlorine-based		
d) alcohol-based e) Other:		
B. After the onset of Ra		
Do/Did you habitually play a musica		
No	and the state of t	оΕ
	for how many years	10
<b>71</b>		
Do/Did you habitually use bleach or	antibacterial solution?	_
• No		0
<ul> <li>Yes, sporadically</li> </ul>		10
<ul> <li>Yes, frequently</li> </ul>		2 <b>E</b>

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 $\Box$ 

Do/Did you habitually use perfumes?

• No

	Yes, sporadically(< twice a weel	k)	1□	
•	Yes, daily	-9	2	
	,			
Do/Did v	ou use nail polish?			
•	No		0	
•	Yes, sporadically		1	
•	Yes, frequently		$2\square$	
Do/Did v	ou use hair dye?			
•	No		0	
•	Yes. Please, indicate for how m	any years	1	
	,			
DO/Did	vou have habitual contact s	with agricultural insecticides and pesticides?		
•	No	with agricultural insecticities and pesticities.	0	
•	Yes. Please, indicate which one/	s and the time of exposure	•	
		<u> </u>	$1\square$	
******	: :- C	61-3-1		
wnich a	•	for daily hygiene or dressing skin wounds	0 🗆	
	NO (no use of disinfectant)  Ver Places in the test		1	
	Yes. Please, indicate:      Undersoon perovide based.		1	
	<ul><li>f) Hydrogen peroxide-based</li><li>g) Iodine-based</li></ul>			
	h) Chlorine-based			
	i) alcohol-based			
	j) Other:			
	J) Outer			
	7. WORK HABITS			
	A. Before t	he onset of Raynaud's phenomenon		
Whatial				
wnat jo	o did you do and for how m		1□	
	Housewife	_	1□ 2□	
	• Farmer	ill wonden motalbusist and alstone	3□	
	Mechanic, carpenter, sawmill worker, metallurgist, upholsterer			
	Construction worker with penumatic hammers			
	• Butcher		5 🗆	
	Hairdresser		6	
	Painter/house painter		7	
	<ul> <li>Work in analysis and resear</li> </ul>	ch laboratory (technician, biologist, researcher)	$8\square$	

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	10
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?	
<ul> <li>No</li> <li>Yes. Please, specify how many hours</li> </ul>	0□ 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
<ul> <li>Work in analysis and research laboratory (technician, biologist, researcher)</li> </ul>	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

Triniary vorsus systemic sererosis associated Raylando's phenomeno	11
Yes. Please, specify how often:	1
<ul> <li>Do/Did your job oblige you to have contact with drugs or toxic substances?</li> <li>No</li> <li>Yes. Please, specify which one/s</li></ul>	0   1   0   1   1   1   1   1   1   1
8. PSYCHIC AND SEXUAL SPHERE  A. Before the onset of Raynaud's phenomenon	L
How would you describe your character/mood?  • Euthymic  • Anxious  • Depressed  • Stressed  • Other:	1
Did you use contraceptive methods (e.g estrogen-progestin oral contraceptive  No Yes. Please, specify which one/s	es, IUD)? 0□ 1□
Did you ever contract a venereal infection  No Yes. Please, indicate which one/s:	0□
☐ Chlamydia ☐ Vaginal Candidiasis ☐ Papillomavirus (HPV) ☐ Gonorrhoea	1□ 2□ 3□ 4□

☐ Genital Herpes

 $\square$  other. Please, specify\_

5□

6**□** 

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## B. After the onset of Raynaud's phenomenon

How do	o you describe your character/mood?	
	• Euthymic	1
	<ul> <li>Anxious</li> </ul>	2□
	<ul> <li>Depressed</li> </ul>	3□
	• Stressed	4□
	• Other:	5□
Do/Did IUD)?	you use contraceptive methods (e.g estrogen-progest	in oral contraceptives,
	• No	0
	Yes. Please, specify which one/s	1□
Did you	u 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□