

<b>Dati generali</b>	Cognome Nome _____	Data _____
	Motivo della richiesta _____	
<b>Area studiata</b>	Mano destra <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Mano sinistra <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Motivo dell'esclusione _____	
	Smalto o unghie con gel o semipermanente <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lesioni periungueali <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Causate da <input type="checkbox"/> Trauma <input type="checkbox"/> Autoaggressione delle cuticole	
	<input type="checkbox"/> Onicofagia <input type="checkbox"/> Manicure <input type="checkbox"/> Lavoro o hobby manuale	
<b>Strumento &amp; immagini</b>	Modello e marca dello strumento _____	
	Ingrandimento _____	
	Qualità dell'immagine <input type="checkbox"/> Eccellente <input type="checkbox"/> Buona <input type="checkbox"/> Scarsa	
	Se scarsa, potenziale motivo <input type="checkbox"/> Fibrosi <input type="checkbox"/> Edema <input type="checkbox"/> Sporco	
	<input type="checkbox"/> Trauma locale <input type="checkbox"/> Altro	
<b>Parametri capillari</b>	No. di capillari/mm (mediana di entrambe le mani)	
	Caratteristiche dei capillari <sup>§</sup>	
	Capillari a forcina	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	Alterazioni non-specifiche	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	Anomalie capillari	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	Capillari dilatati	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	Capillari giganti	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	No. di capillari giganti	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	Altri parametri <sup>§</sup>	
	Microemorragie	<input type="checkbox"/> Assenti <input type="checkbox"/> Rari <input type="checkbox"/> Frequenti <input type="checkbox"/> Molto frequenti
	Tipi di microemorragie	<input type="checkbox"/> Traumatiche <input type="checkbox"/> Spontanee
	Flusso sanguigno*	<input type="checkbox"/> Normale <input type="checkbox"/> Rallentato
	Visibilità del plesso venoso*	<input type="checkbox"/> Visibile <input type="checkbox"/> Non visibile
	Architettura capillare*	<input type="checkbox"/> Normale <input type="checkbox"/> Sovrvertita
<b>Giudizio finale</b>	Quadro complessivo	
	<input type="checkbox"/> Normale <input type="checkbox"/> Anomalie non-specifiche	
	<input type="checkbox"/> Scleroderma pattern - early      - active      - late	
	<input type="checkbox"/> Scleroderma-like pattern	
	Indicazioni per altri esami	
	Ripetere la capillaroscopia	

**Supplementary Fig. S1.** Italian version of the items included in the checklist for reporting NVC in clinical practice.

<sup>§</sup>these parameters are classified according to a published scoring system (17) as absent: no changes (score=0); Rare: less than 33% of capillary alterations/mm (score=1); Frequent: 33–66% of capillary alterations /mm (score=2); Very frequent: more than 66% of capillary alterations/mm (score=3).

\*optional items.

Supplementary Table S1. List of items for which no consensus was reached during the three rounds of the Delphi process.

Items	Level of appropriateness			Median	Agreement
	1-3	4-6	7-9		
State which finger is routinely used to start NVC	35 (57.3%)	12 (19.7%)	14 (23%)	3	No
Experience or qualification	37 (71.2%)	13 (25%)	2 (3.8%)	2	No
Image reading (e.g., blind reading)	29 (47.5%)	23 (37.7%)	9 (14.8%)	4	No
Duration of the exam	51 (83.6%)	8 (13.1%)	2 (3.3%)	1	No
Room temperature	19 (31.1%)	29 (47.5%)	13 (21.4%)	5	No
Air-conditioned room	24 (39.3%)	25 (41%)	12 (19.7%)	5	No
Room with heating	27 (44.3%)	21 (34.4%)	13 (21.3%)	4	No
Time of the day	36 (59%)	14 (23%)	11 (18%)	3	No
Period of acclimatisation	21 (40.4%)	22 (42.3%)	9 (17.3%)	4	No
Use of specific medications before NVC	9 (17.3%)	17 (32.7%)	26 (50%)	6.2	No
Smoking before NVC	20 (32.8%)	22 (36.1%)	19 (31.1%)	5	No
Alcohol before the procedure	28 (46%)	19 (31.1%)	14 (22.9%)	4	No
Caffeine before the procedure	23 (37.8%)	24 (39.3%)	14 (22.9%)	5	No
Wash hands before the NVC	29 (47.5%)	22 (36.1%)	10 (16.4%)	4	No
Device year of production	27 (44.3%)	23 (37.7%)	11 (18%)	4	No
Device cost	59 (96.7%)	2 (3.3%)	0	1	No
Use of 1mm grid	22 (42.3%)	18 (34.6%)	12 (23.1%)	4	No
Use of software	24 (39.3%)	17 (27.9%)	20 (32.8%)	5	No
Use of oil or other liquid	35 (67.3%)	11 (21.2%)	6 (11.5%)	3	No
No. of NVC devices	58 (95%)	3 (5%)	0	1	No
No. of images per finger	27 (44.3%)	18 (29.5%)	16 (26.2%)	4	No
No. capillary/mm per finger	18 (34.6%)	16 (30.8%)	18 (34.6%)	5	No
No. of microhaemorrhages	15 (28.8%)	17 (32.7%)	20 (38.5%)	5	No