

A-STAR: Current Phototherapy	
Patient Study ID: <input style="width: 100%;" type="text"/>	Initials: <input style="width: 100%;" type="text"/>

Current phototherapy (for additional therapies print further CRF pages) <input style="width: 50px;" type="text"/>	
<p>Type of therapy:</p> <p><input type="checkbox"/> UVA</p> <p><input type="checkbox"/> UVA-1</p> <p><input type="checkbox"/> Narrowband-UVB</p> <p><input type="checkbox"/> Broadband-UVB</p> <p><input type="checkbox"/> UVB (unspecified)</p> <p><input type="checkbox"/> UVAB</p> <p><input type="checkbox"/> PUVA (oral or other)</p> <p><input type="checkbox"/> Other: _____</p> <p>Start date: <input style="width: 100%;" type="text"/></p> <p>Is current therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ongoing: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stop date: <input style="width: 100%;" type="text"/></p>	<p>Reason for stopping:</p> <p><input type="checkbox"/> Insufficient response</p> <p><input type="checkbox"/> Relapse (after initial good response)</p> <p><input type="checkbox"/> Side effect</p> <p><input type="checkbox"/> Cumulative dose</p> <p><input type="checkbox"/> Remission</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Cumulative dose: <input style="width: 50px;" type="text"/> J/cm²</p> <p>Effect:</p> <p><input type="checkbox"/> Excellent (Clearance)</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Unknown</p>