

SUPPLEMENTAL MATERIAL I. INITIAL VISIT OF PATIENT WITH ALOPECIA AREATA

I. History

- A. Name: _____
- B. Date: _____
- C. Date of birth: _____
- D. Race: _____
- E. Sex: _____
- F. Age of first episode of hair loss: _____. Full regrowth? (yes/no)
- G. Subsequent episodes of hair loss? Yes/no. If yes, how many? _____
- H. Approximate age and/or dates of last 3 episodes:
 - 1. Episode 1: _____
 - 2. Episode 2: _____
 - 3. Episode 3: _____

I. What is the longest period of time for which you have had an episode with any amount of hair loss? _____ month or years (Please circle one.)

J. Family history of alopecia areata (yes/no). If yes, in which members and how extensive was their hair loss. (Please put number next to family member: use a 1 for alopecia totalis/alopecia universalis or 2 for patchy.)

- 1. Mother: _____
- 2. Father: _____
- 3. Brother: _____
- 4. Sister: _____
- 5. Grandmother (Please circle 1: maternal or paternal): _____
- 6. Grandfather (Please circle 1: maternal or paternal): _____
- 7. Other: _____

K. Concurrent medical problems:

- 1. Thyroid disease (yes/no). If yes, hyperthyroid (yes/no); hypothyroid (yes/no)
- 2. Iron deficiency (yes/no)
- 3. Diabetes (yes/no). If yes, please circle how controlled: controlled by diet, controlled by oral medication, insulin required.
- 4. Celiac disease (yes/no)
- 5. Rheumatoid arthritis (yes/no)
- 6. Other autoimmune diseases, personal and family _____

L. History: asthma (yes/no), hay fever (yes/no), atopic dermatitis or eczema (yes/no), allergic rhinitis (yes/no), family history of these conditions (yes/no).

M. Prior and current treatments for current episode of hair loss. Response may be patient-reported if no physician assessment performed and noted as none, some, or complete regrowth.

- 1. Treatment: _____ Date started: _____ Date stopped: _____
Dose or frequency of injections: _____ Response: _____
Any adverse effect: _____
- 2. Treatment: _____ Date started: _____ Date stopped: _____
Dose or frequency of injections _____ Response: _____
Any adverse effect: _____
- 3. Treatment: _____ Date started: _____ Date stopped: _____
Dose or frequency of injections _____ Response: _____
Any adverse effect: _____
- 4. Treatment: _____ Date started: _____ Date stopped: _____
Dose or frequency of injections: _____ Response: _____
Any adverse effect: _____

II. Physical examination

- A. Severity of Alopecia Tool score (see figure to record each area): _____
- B. Scalp, Body, and Nail (SBN) categorization: _____
- A. Scalp (S): The hair loss pertains only to terminal hair and excludes vellus hair
- S₀: 0%-24%
 - S₁: 25%-49%
 - S₂: 50%-74%
 - S₃: 75%-99%
 - S_{4a}: 76%-95%
 - S_{4b}: 96%-99%
 - S₅: 100% scalp hair loss
 - Any vellus hair growth (yes/no). If yes, % of scalp covered _____
- B. Body hair loss (B):
- B₀: none
 - B₁: some
 - B₂: total
- C. Nails (N):
- N₀: no involvement
 - N₁: some involvement
 - N₂: a. all 20 nails show dense pitting (defined as 2 pits per nail)
b. all 20 nails show trachonychia (20-nail dystrophy)
- C. Activity of hair loss:
- Exclamation point hairs: yes/no
 - Hair pull: positive yes/no
 - Anagen hairs: yes/no
 - Telogen hairs: yes/no
- D. Color of hair:
- Natural color: _____
 - Current hair growth: ___% natural color; ___ % unpigmented
- E. Lesional assessment for those wanting to assess local therapy in target area(s):
- Area of target areas: Long diameter ___ × perpendicular diameter ___ = area ___ cm², or for circular areas, $\pi r^2 = \text{area} \text{ cm}^2$
 - Hair density in area based on a number from 0 to 100 representing hair loss
 - Lesional alopecia and density = area × density = _____

SUPPLEMENTAL MATERIAL II. RETURN VISIT OF PATIENT WITH ALOPECIA AREATA

I. History

A. Name: _____

B. Date: _____

C. Date of birth: _____

D. Treatment:

1. Current treatment: _____ Date started: _____ Date stopped: _____ Dose or frequency of injections: _____ Response: _____

Any adverse effect: _____

2. Current treatment: _____ Date started: _____ Date stopped: _____ Dose or frequency of injections: _____ Response: _____

Any adverse effect: _____

3. Current treatment: _____ Date started: _____ Date stopped: _____ Dose or frequency of injections: _____ Response: _____

Any adverse effect: _____

II. Physical examination

A. Severity of Alopecia Tool (SALT) score (see Fig 1 to record each area): _____

1. Change in SALT score = $\text{Baseline SALT} - \text{SALT today} / \text{SALT at baseline} \times 100 =$ _____

B. Color of regrowing hair: natural color (yes/no), white (yes/no), or mixed (yes/no)

C. Vellus hair growth (yes/no). If yes, % of scalp covered: _____

D. Signs of active loss:

1. Exclamation point hairs: yes/no

2. Hair pull: positive yes/no

a. Anagen hairs: yes/no

b. Telogen hairs: yes/no

E. Lesional alopecia and density (LAD) score for those wanting to assess local therapy in target area(s):

1. Long diameter _____ \times perpendicular diameter _____ = area _____

2. Hair density in area based on a number from 0 to 100 representing hair loss

3. LAD = area \times density = _____

4. Change in LAD = $\text{LAD at baseline} - \text{LAD today} / \text{LAD at baseline} \times 100 =$ _____