IMACS FORM 01B: CORE PATIENT DATA

To Be Completed at Each Assessment

Subject ID _____

Assessor _____

Date of assessment (mm/dd/yy) _____

Study Visit _____

Patient's Other Diagnoses (Co-Morbid Conditions)

1._____
2._____
3. _____
4. _____
5. _____

Apparent Clinical Course (check all that apply):

☐ Monocyclic: full recovery within 2 years without relapse (with or without drug therapy)

☐ Chronic polycyclic: prolonged, relapsing course with one or more relapses occurring between periods of inactive disease

☐ Chronic continuous: persistent disease for longer than 2 years despite drug therapy and which is never inactive

☐ Undefined (illness < 2 years)

☐ Other: _____

Signs/Symptoms During Illness Course:

Were the following Sings/Symptoms *attributable to IIM* ever present during the illness course?

Sign/Symptoms	Ever Present?			
	Present	First noted Date:	Absent	Unknown
Constitutional				
Fatigue	☐	__ /____	☐	☐
Fever	☐	__ /____	☐	☐
Non-muscle Pain	☐	__ /____	☐	☐
Weight loss	☐	__ /____	☐	☐
Cutaneous				
Alopecia	☐	__ /____	☐	☐
Calcinosis	☐	__ /____	☐	☐
Cutaneous ulceration	☐	__ /____	☐	☐
Erythroderma (extensive areas of confluent erythema, both sun exposed and non-sun exposed skin)	☐	__ /____	☐	☐
Gottron's papules	☐	__ /____	☐	☐

Sign/Symptoms	Ever Present?			
	Present	First noted Date:	Absent	Unknown
Gottron's sign	☐	___ /____	☐	☐
Heliotrope	☐	___ /____	☐	☐
Hiker's feet	☐	___ /____	☐	☐
Lipodystrophy	☐	___ /____	☐	☐
Mechanic's hands	☐	___ /____	☐	☐
Nailfold capillary changes	☐	___ /____	☐	☐
Palmar papules	☐	___ /____	☐	☐
Photosensitive skin rashes	☐	___ /____	☐	☐
Raynaud phenomenon	☐	___ /____	☐	☐
Rash attributable to DM not otherwise specified	☐	___ /____	☐	☐
V-sign or Shawl sign rash	☐	___ /____	☐	☐
Cardiopulmonary				
Arrhythmia	☐	___ /____	☐	☐
Cough	☐	___ /____	☐	☐
Dysphonia	☐	___ /____	☐	☐
Dyspnea at rest	☐	___ /____	☐	☐
Dyspnea on exertion	☐	___ /____	☐	☐
Heart failure	☐	___ /____	☐	☐
Interstitial lung disease (ILD)	☐	___ /____	☐	☐
Myocarditis/pericarditis	☐	___ /____	☐	☐
Rapidly progressive ILD (RP-ILD)	☐	___ /____	☐	☐
Musculoskeletal				
Proximal weakness	☐	___ /____	☐	☐
Distal weakness	☐	___ /____	☐	☐
Inflammatory Arthritis	☐	___ /____	☐	☐
Contractures	☐	___ /____	☐	☐
Myalgia	☐	___ /____	☐	☐
Gastrointestinal				
Dysphagia	☐	___ /____	☐	☐
Gastroesophageal reflux disease	☐	___ /____	☐	☐
GI ulceration	☐	___ /____	☐	☐
Other				
Other thought important to prognosis *Specify*: _____	☐	___ /____	☐	☐
Other thought important to prognosis *Specify*: _____	☐	___ /____	☐	☐
Other thought important to prognosis *Specify*: _____	☐	___ /____	☐	☐

Has the patient undergone PFT?

__ Yes __ No.

If yes, Date of most recent PFT: __/____ (mm/yyyy) and select all that apply:

- ☐ Reduced Forced Vital Capacity (FVC), _____%
- ☐ Reduced Total Lung Capacity (TLC)
- ☐ Other, specify: _____
- ☐ Reduced Diffusing Capacity for Carbon Monoxide (DLCO), _____%
- ☐ Increased FEV1/FVC Ratio

Has the patient undergone Chest HRCT?

__ Yes __ No;

If yes, Date of most recent HRCT: __/____ (mm/yyyy) and select all that apply:

- ☐ Ground-Glass Opacities
- ☐ Reticular Opacities
- ☐ Honeycombing
- ☐ Traction Bronchiectasis
- ☐ Nodules
- ☐ Non-Specific Interstitial Pneumonia (NSIP)
- ☐ Usual Interstitial Pneumonia (UIP)
- ☐ Organizing Pneumonia (OP)
- ☐ Acute Interstitial Pneumonia (AIP)
- ☐ Other, specify: _____