HiLight_TrialHandbook_Final2.0_30SEPT2015

The HI-Light vitiligo trial is funded by the National Institute for Health Research's HTA Programme (project number 12/24/02) to inform NHS care.

HI-Light

VITILIGO TRIAL

Handbook for Participants

The Training Video can be found at:
www.tiny.cc/hilightvideo

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

HI-Light
Vitiligo Trial

NHS
National Institute for Health Research

HiLight_TrialHandbook_Final2.1_30SEPT2015

NHS
National Institute for Health Research

Important information
Contact details

Your Local Research Team:

Lead doctor ....

Your research nurse ....

Local research team contact details

....

....

In case of side effects, treatment queries or medication changes, call your local research team.

In case of a side effect emergency (out-of-office hours):

....

....

Alternatively, please attend your local emergency department or call your GP.

If seeking emergency medical care for any trial treatment side effects, let the doctor know you are taking part in the trial and bring this handbook with you and/or show them your trial ID card.

Treatment for an overdose of UVB light is to apply a steroid ointment called clobetasol propionate 0.05% twice a day for 2-3 days . You will need a prescription. Please show this manual to the doctor so that they know what to prescribe.

For technical problems with your device, please contact the coordinating centre:

t: 0115 8844 937
e: hilight@nottingham.ac.uk

How often to use your trial treatments

Light therapy

Use every other day (3-4 times a week). DO NOT treat your skin every day.

- For information about missed light therapy treatments, see page: 8
- For information about light therapy side effects, see page: 8

Ointment

Apply every day, on alternate weeks
(one week apply once a day for 7 days, the next week **do not** apply at all).

If you are applying the ointment on a day that you are also using the light therapy unit, you should apply the ointment no less than two hours after using the unit.

An example of two weeks of treatment:

		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
WEEK 1	LIGHT	✓	✗	✓	✗	✓	✗	✓
	OINTMENT	✗	✗	✗	✗	✗	✗	✗
WEEK 2	LIGHT	✗	✓	✗	✓	✗	✓	✗
	OINTMENT	✓	✓	✓	✓	✓	✓	✓

Your vitiligo patches

- You can treat as many patches of your vitiligo as you would like with both the light therapy unit and the ointment.
- The three patches you and the research team have chosen to assess at your appointments are:

HEAD AND NECK PATCH ....

HANDS AND FEET PATCH ....

REST OF BODY PATCH ....

Please remember to treat these three patches consistently (every other day with light therapy, on alternate weeks with the ointment), unless you get side effects.

If the skin colour returns to your patch(es) before the end of the 9 month trial, you can stop treating the patch.

How to use the light

Your light treatment schedule

STEP	TREATMENT DURATION (minutes: seconds)	STEP	TREATMENT DURATION (minutes: seconds)	STEP	TREATMENT DURATION (minutes: seconds)
START 1	00:15	13	01:23	25	04:22
2	00:29	14	01:32	26	04:48
3	00:32	15	01:41	27	05:17
4	00:35	16	01:51	28	05:48
5	00:39	17	02:02	29	06:23
6	00:43	18	02:14	30	07:02
7	00:47	19	02:28	31	07:44
8	00:52	20	02:43	32	08:30
9	00:57	21	02:59	33	09:21
10	01:03	22	03:17	34	10:17
11	01:09	23	03:36	35	11:19
12	01:16	24	03:58	36	12:27
				37	13:42 MAX

Please follow these simple steps to start your treatment:

1 Do not use any products on your skin (even trial ointment) in the 2 hours before you use the light. Cosmetic camouflage can be removed just before treatment.

2 Ensure you and anyone helping you is wearing the protective glasses / goggles before switching on the light. A cotton glove should be worn on the hand holding the light unit.

3 Make sure the plastic comb is attached to light. Plug the light in, and turn it on, placing it face down on a flat surface. When switched on and not being used for a treatment, always keep the unit face down to protect your eyes and reduce light exposure.

4 Allow it to warm up **for no less than 2 minutes** before starting your treatment.

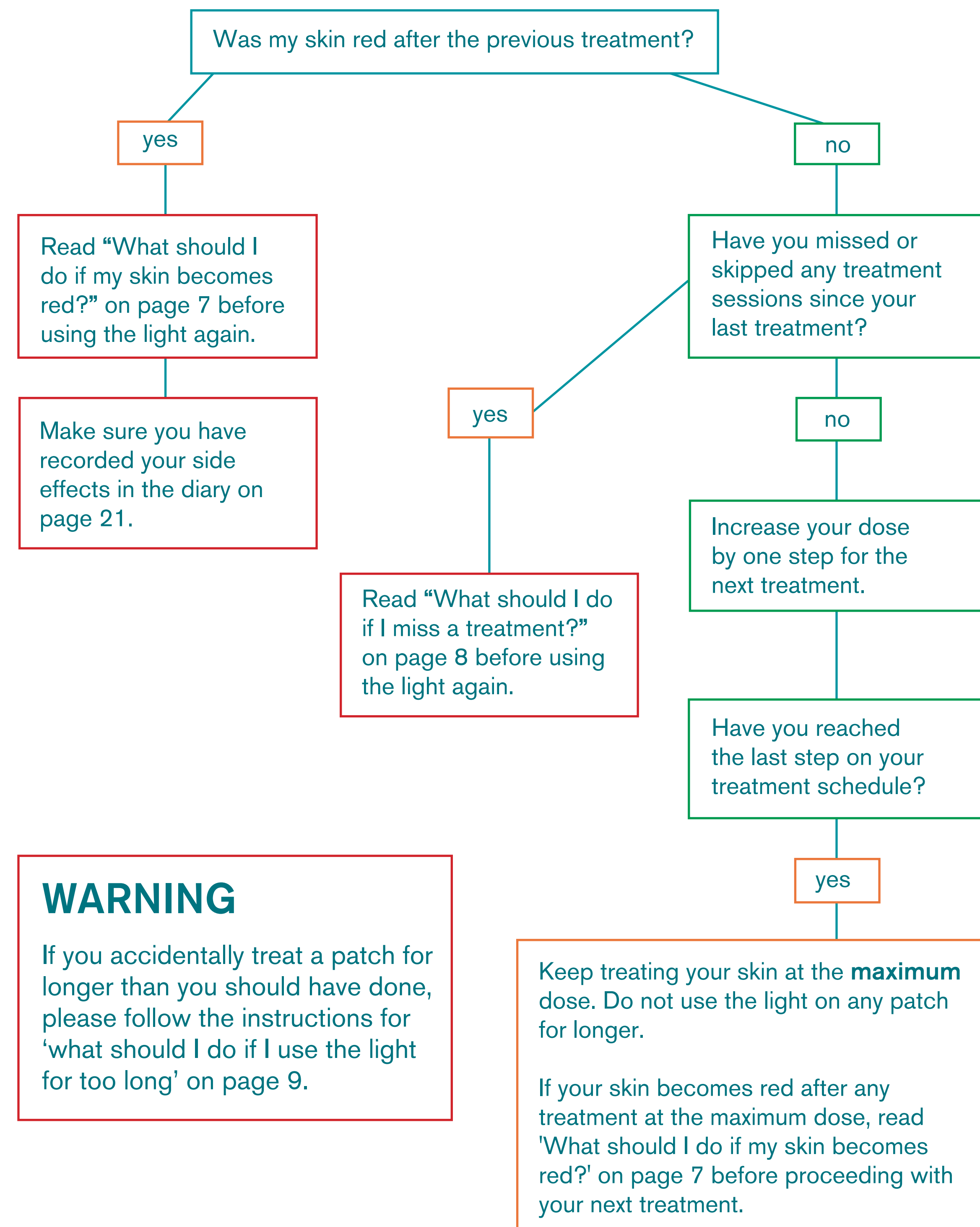
5 Set your digital timer to the required treatment time. Record your treatment time in your treatment diary (pages 12-20).

6 Start the light treatment. For small patches of vitiligo you should hold the light over the patch, using the plastic comb to provide a safe distance between the light and your skin. For larger patches of vitiligo, move the light around in a small circular motion over the whole patch. If you find it uncomfortable to hold the light in position for the amount of time needed, you might find it helpful to sit or lie down, or to ask someone for assistance.

7 Switch off and unplug your light after treatment. Once cooled, store the unit in a safe place, out of the reach of children.

How to use your light treatment schedule

- **START** your first dose at Step 1
- You should use your light **every other day** (unless you have had a side effect, see pages 7 and 8)
- Before each treatment ask yourself:

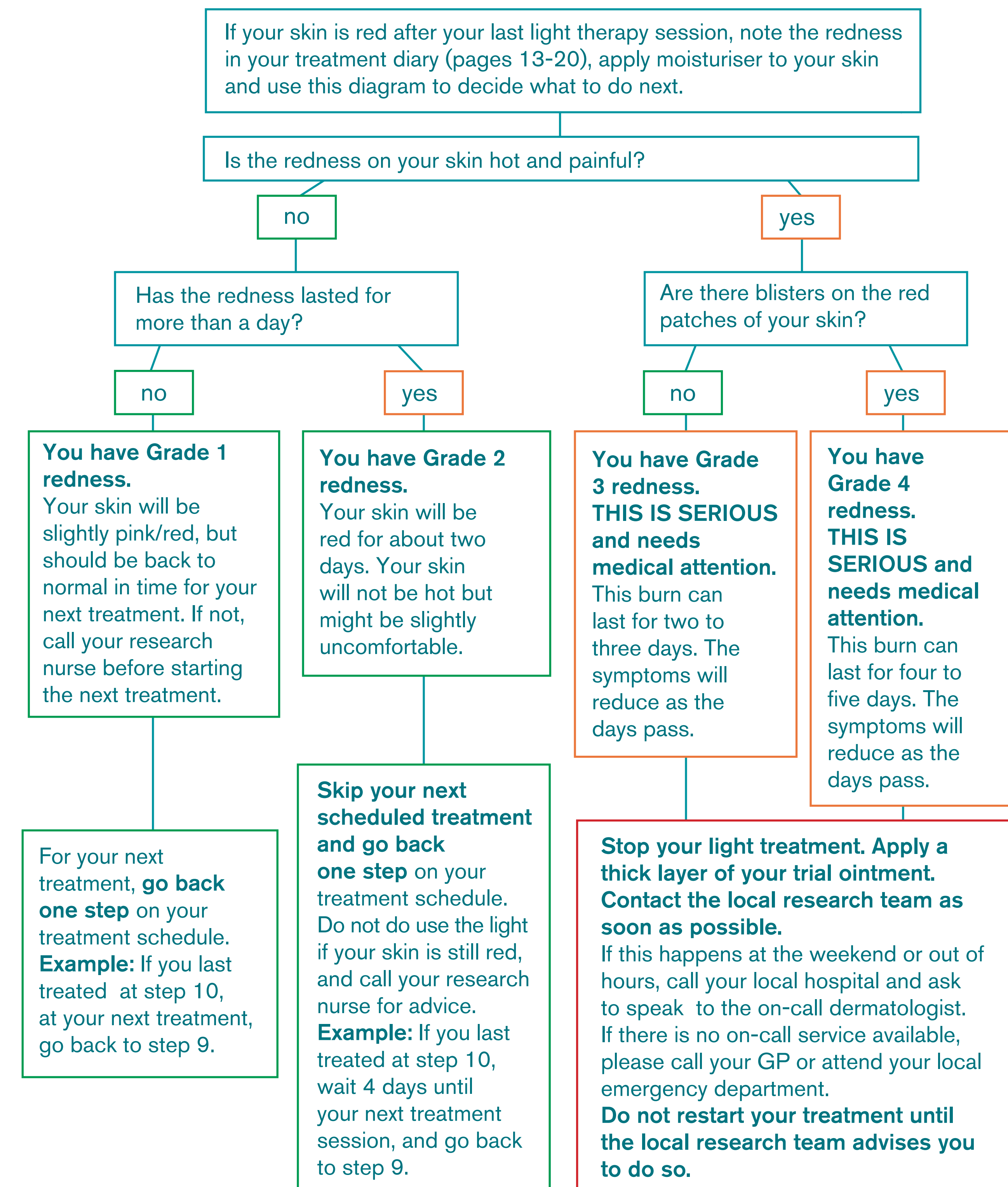


WARNING

If you accidentally treat a patch for longer than you should have done, please follow the instructions for 'what should I do if I use the light for too long' on page 9.

What should I do if my skin becomes red?

Some reddening of the skin after light therapy is normal. It will take between four and 24 hours after your light therapy session for the skin to become red. However, if the skin looks very red, or is painful then you will need to change your treatment schedule a little.



What should I do if I develop side effects other than redness?

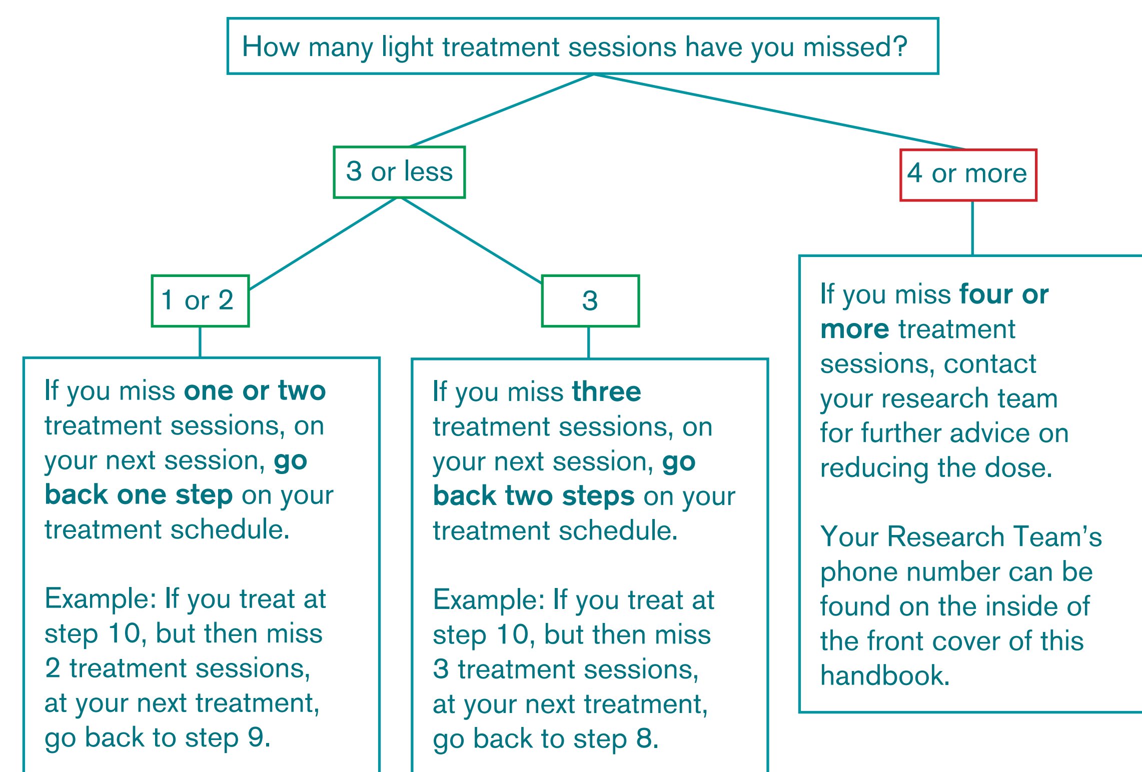
It is extremely important to regularly check your skin to ensure that you are using the treatments safely.

Side effect	What to do
Itchy or dry skin	Apply moisturiser 3-4 times a day. Do NOT apply moisturiser in the 2 hours before light treatment as this can act like a sunscreen and stop the treatment working. You can continue treatment as normal.
Tan around edges	This is normal. You can continue treatment as normal.
Rash	Stop the treatment immediately. Call your research team. If out of hours and the rash is causing significant symptoms, seek medical assistance.
Cold sore	Stop light treatment until the cold sore has healed. Call the local research team to decide what dose to restart your light treatment at.

- If you have any other questions about side effects, please call the local research team for advice before starting your next treatment
- Each time you experience a new side effect please record it on the log on page 21

What should I do if I miss a light therapy treatment session?

If for any reason other than side effects, you have missed one or more treatment sessions (e.g. you were busy or away and didn't take your unit with you) please do the following:



What should I do if I accidentally use the unit for too long?

If you accidentally use the light more than 20% longer than the time you should have that day:

1. Apply a thick layer of your trial ointment to the exposed skin and seek medical help.
2. You will need to see a doctor as soon as possible (Call your research nurse. If out of hours: see an emergency GP, on call dermatologist at your local hospital or the emergency department).

Treatment for an overdose of UVB light is to apply a steroid ointment called clobetasol propionate 0.05% twice a day for 2-3 days. You will need to get a prescription for this from a doctor.

3. Contact your local research team as soon as possible to discuss when to restart your light treatment.

How to safely treat the eyelids or patches close to the eyes

- Someone must always help you with the treatment
- You do not need to wear the glasses/goggles when treating the eyelids, but you must keep your eyes closed at all times
- Your closed eyelids will protect your eyes from the light but DO NOT open your eyes at any point during the light treatment as even very short exposure can be harmful to the eyes

What if I start new medicines during the trial (prescription or over the counter)?

- If you are prescribed or purchase a new medication, please contact your research team for advice before continuing light treatment
- Medication changes: Please inform your local research team of any changes to existing medication during the treatment

What else could have an effect with light therapy?

- Cosmetics* and perfumes: On treatment days, avoid using perfumed products and cosmetics on the treated areas as these can make your skin more sensitive to light
- ***Cosmetic camouflage can be used, and taken off just prior to the light therapy treatment session**
- Moisturisers: You should continue to use moisturisers, but do NOT use any on your vitiligo patches in the two hours before treatment, as this can act like a sunscreen and stop the treatment working
- Sunbeds and sunbathing should be avoided throughout the course of treatment

Whenever you go out into the sun, apply high SPF sun creams (factor 50) This is because you need to limit the amount of other UV light that your skin is receiving whilst using the light therapy.

What should I do if I have a technical problem with the light unit?

If you need advice regarding mechanical problems with the unit or have any problems with its accessories (glasses / goggles, gloves, timer), please contact the co-ordinating centre, whose number can be found on the inside of the cover to this handbook.

How to use the ointment

When do I apply the ointment?

- Apply the ointment to the vitiligo patches once a day on alternate weeks (i.e. apply it once a day for one week, then do not apply it at all the next week and so on)
- It is best to apply the ointment at night before bedtime
- Do NOT apply the ointment before using the light, as it may act like sunblock
- Apply the ointment at least two hours after using the light therapy unit. If applied too soon, the anti-inflammatory effect of the steroid in the ointment may reduce the effects of the light

How do I apply the ointment?

As a general rule, to treat a patch of vitiligo the size of your palm, you need to use a pea-sized amount of ointment.

- Depending on the size of the patches of vitiligo, you need to use a slightly different amount of ointment
- It should go on in a thin layer that is enough to make the skin glisten slightly
- It should not go on in a thick layer as it will not get absorbed into the skin

If treating a patch around the eyes, never use the ointment closer than 1cm to your eyelash line. For a precise application, use the tip of your little finger or a cotton bud.

When should I stop applying the ointment?

- You should only stop applying the ointment when you have completed nine months of treatment as instructed, or if your normal skin colour has completely returned to your vitiligo patch (whichever is sooner)
- **You should also stop applying the ointment if you experience any of the side-effects outlined below**

What are the possible side effects?

Corticosteroid ointments are generally very safe when used as described in this study – with a break of seven days between periods of treatment to allow the skin to rest.

Possible side effects that might occur:

- skin thinning (atrophy)
- bruising
- stretch marks (striae)
- spidery blood vessels in the skin (telangiectasia)
- acne-type spots
- excess hair growth (hypertrichosis)

If you think these or any other side effects may be occurring, contact the research team for advice (you can find the number on the inside cover of this handbook).

Your trial diaries 0-3 months

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 1	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 2	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 3	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 4	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 5	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 6	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 7	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 8	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 9	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 10	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 11	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 12	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 13	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 14	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 15	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 16	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Other side effects log

1 Each time you experience a treatment side effect, record the side effect in this log on the date when you **first notice it** (you do not need to record redness in this log)

2 Once you no longer notice the side effect, note the date you noticed it had cleared

Contact your local research team to see what you should do for these side effects if you have any concerns.

New side effects to record

Examples of possible side effects: dry skin, itch, cold sore, rash, skin thinning, bruising, stretch marks, spidery bloody vessels in the skin, acne-type spots, excess hair growth, other (please specify)

Date you first experienced the side effect	New side effect	Date you noticed the side effect had cleared	Comments/actions

Researchers to complete: **Date collected** | | | | | | | | **Participant ID** **Participant initials**

We would like you to log health resources you have used or any money you have spent because of your vitiligo over the past 3 months. This information will help us understand more about the cost of having vitiligo to the NHS and to you, as a patient. Please list any relevant information in each section. If you are unsure whether to include something, put it in anyway. The more information we have, the better.

Health care visits for vitiligo

Please fill in any details of visits with healthcare professionals for your vitiligo

Who	How many times	How many of these appointments were because of side effects from your trial treatments?
GP		
Practice nurse		
Hospital doctor (ex. dermatologist)		
Hospital nurse		
Pharmacist		
Therapist		
Other ___________		

Vitiligo prescriptions

Please record details of any prescriptions you have had for vitiligo. Please complete one line for each prescription

Medicine	Amount	Prescription for a trial treatment side effect
		Yes ❑
		Yes ❑
		Yes ❑
		Yes ❑
		Yes ❑
		Yes ❑
		Yes ❑
		Yes ❑
		Yes ❑

Researchers to complete: **Date collected** | | | | | | | | **Participant ID** **Participant initials**

Expenses due to your vitiligo

Please record details of anything you have had to spend money on specifically because of your vitiligo (for example: cosmetics, alternative medicine therapies, etc.). Please complete one line for each item:

Item or expense	Estimated cost

Researchers to complete: **Date collected** ☐☐☐☐☐☐☐ **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		**Only fill in the section below on the days you use the light**			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 1	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 2	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		**Only fill in the section below on the days you use the light**			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 3	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 4	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		**Only fill in the section below on the days you use the light**			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 5	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 6	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 7	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 8	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 9	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 10	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 11	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 12	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 13	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 14	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 15	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 16	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

Other side effects log

1 Each time you experience a treatment side effect, record the side effect in this log on the date when you **first notice it** (you do not need to record redness in this log)

2 Once you no longer notice the side effect, note the date you noticed it had cleared

Contact your local research team to see what you should do for these side effects if you have any concerns.

New side effects to record

Examples of possible side effects: dry skin, itch, cold sore, rash, skin thinning, bruising, stretch marks, spidery bloody vessels in the skin, acne-type spots, excess hair growth, other (please specify)

Date you first experienced the side effect	New side effect	Date you noticed the side effect had cleared	Comments/actions

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

We would like you to log health resources you have used or any money you have spent because of your vitiligo over the past 3 months. This information will help us understand more about the cost of having vitiligo to the NHS and to you, as a patient. Please list any relevant information in each section. If you are unsure whether to include something, put it in anyway. The more information we have, the better.

Health care visits for vitiligo

Please fill in any details of visits with healthcare professionals for your vitiligo

Who	How many times	How many of these appointments were because of side effects from your trial treatments?
GP		
Practice nurse		
Hospital doctor (ex. dermatologist)		
Hospital nurse		
Pharmacist		
Therapist		
Other ________		

Vitiligo prescriptions

Please record details of any prescriptions you have had for vitiligo. Please complete one line for each prescription

Medicine	Amount	Prescription for a trial treatment side effect
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐

Researchers to complete: Date collected | | | | | | | Participant ID Participant initials

Expenses due to your vitiligo

Please record details of anything you have had to spend money on specifically because of your vitiligo (for example: cosmetics, alternative medicine therapies, etc.). Please complete one line for each item:

Item or expense	Estimated cost

Your trial diaries 6-9 months

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		**Only fill in the section below on the days you use the light**			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 1	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 2	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** ☐☐☐☐☐☐☐ **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 3	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 4	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** ☐☐☐☐☐☐☐ **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 5	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 6	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 7	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 8	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: Date collected ☐☐☐☐☐☐☐ Participant ID Participant initials

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 9	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 10	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** ☐☐☐☐☐☐☐ **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 11	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 12	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** ☐☐☐☐☐☐☐ **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		Only fill in the section below on the days you use the light			
	___ /___ /___		Fill in before treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment duration	Redness grade	Other new side effect (if yes, fill in log)	Comments/actions
Week 13	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 14	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

Treatment diary

Please record all of your treatments in this diary

- Record any skin redness after light therapy using the table on page 7 to decide what grade it is
- Record other side effects from treatments in the side effects log on page 21

Remember:

- Light Therapy should be used every other day (3-4 times per week)
- Ointment should be applied every day, on alternate weeks (one week on, one week off)

	Date you started this page		**Only fill in the section below on the days you use the light**			
	__ /__ /__		Fill in before treatment	Fill in if you experience side effects		
	Day	**Treatment**	**Treatment duration**	**Redness grade**	**Other new side effect** (if yes, fill in log)	**Comments/actions**
Week 15	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
Week 16	1	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	2	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	3	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	4	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	5	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	6	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	
	7	Light ❑ Ointment ❑ None ❑	:	1❑ 2❑ 3❑ 4❑ No redness ❑	YES ❑	

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

Other side effects log

1 Each time you experience a treatment side effect, record the side effect in this log on the date when you **first notice it** (you do not need to record redness in this log)

2 Once you no longer notice the side effect, note the date you noticed it had cleared

Contact your local research team to see what you should do for these side effects if you have any concerns.

New side effects to record

Examples of possible side effects: dry skin, itch, cold sore, rash, skin thinning, bruising, stretch marks, spidery bloody vessels in the skin, acne-type spots, excess hair growth, other (please specify)

Date you first experienced the side effect	New side effect	Date you noticed the side effect had cleared	Comments/actions

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

We would like you to log health resources you have used or any money you have spent because of your vitiligo over the past 3 months. This information will help us understand more about the cost of having vitiligo to the NHS and to you, as a patient. Please list any relevant information in each section. If you are unsure whether to include something, put it in anyway. The more information we have, the better.

Health care visits for vitiligo

Please fill in any details of visits with healthcare professionals for your vitiligo

Who	How many times	How many of these appointments were because of side effects from your trial treatments?
GP		
Practice nurse		
Hospital doctor (ex. dermatologist)		
Hospital nurse		
Pharmacist		
Therapist		
Other ________		

Vitiligo prescriptions

Please record details of any prescriptions you have had for vitiligo. Please complete one line for each prescription

Medicine	Amount	Prescription for a trial treatment side effect
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐
		Yes ☐

Researchers to complete: **Date collected** | | | | | | | **Participant ID** **Participant initials**

Expenses due to your vitiligo

Please record details of anything you have had to spend money on specifically because of your vitiligo (for example: cosmetics, alternative medicine therapies, etc.). Please complete one line for each item:

Item or expense	Estimated cost