Form Approved
OMB No. 0920-1385
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Antifungal-resistant dermatophytosis case report form

Unique patient ID (DCIPHER): _____

ARLN specimen ID: _____ | ARLN isolate ID:_____ | ARLN patient ID:_____

Form completion data
Name of person completing this form: _____ Institution: _____ Email: _____ Telephone: _____ Date form completed: _____

A. Patient demographics	
1. Age at DISC: (use months or days if patient was aged <2 years)	_____ ◻ Years ◻ Months ◻ Days ◻ Unknown
2. Sex	◻ Male ◻ Female
3. What is your race and/or ethnicity? (select all that apply and enter additional details in the spaces provided)	◻ American Indian or Alaska Native *Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.* _____ ◻ Asian – provide details below ◻ Chinese ◻ Asian Indian ◻ Filipino ◻ Vietnamese ◻ Korean ◻ Japanese *Enter, for example, Pakistani, Hmong, Afghan, etc.* _____ ◻ Black or African American – provide details below ◻ African American ◻ Jamaican ◻ Haitian ◻ Nigerian ◻ Ethiopian ◻ Somali *Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.* _____ ◻ Hispanic or Latino – provide details below ◻ Mexican ◻ Puerto Rican ◻ Salvadoran ◻ Cuban ◻ Dominican ◻ Guatemalan *Enter, for example, Colombian, Honduran, Spaniard, etc.* _____ ◻ Middle Eastern or North African – provide details below ◻ Lebanese ◻ Iranian ◻ Egyptian ◻ Syrian ◻ Iraqi ◻ Israeli *Enter, for example, Moroccan, Yemeni, Kurdish, etc.* _____ ◻ Native Hawaiian or Pacific Islander – provide details below ◻ Native Hawaiian ◻ Samoan ◻ Chamorro ◻ Tongan ◻ Fijian ◻ Marshallese *Enter, for example, Chuukese, Palauan, Tahitian, etc.* _____ ◻ White – provide details below ◻ English ◻ German ◻ Irish ◻ Italian ◻ Polish ◻ Scottish

	Enter, for example, French, Swedish, Norwegian, etc. _____
4. Patient's country of primary residence (e.g., USA)	_____ □ Unknown
5. Patient's state, jurisdiction, or territory of primary residence	_____ □ Unknown
6. Patient's county of primary residence (Please do not write the word "County"; for example, write "Cook" instead of "Cook County"):	_____ □ Unknown
7. Patient's city of primary residence	_____ □ Unknown
8. Patient's ZIP code of primary residence	_____ □ Unknown
9. Patient's type of health insurance at DISC	□ Private □ Medicare □ Medicaid/state assistance program □ Military □ Indian Health Service □ Incarcerated □ Uninsured □ Unknown □ Other (specify): _____

B. Patient underlying risk factors & medical conditions present during the 2 years before DISC (unless other timeframe specified)

1. Cancer □ Yes □ No □ Unknown
   - □ Hematologic malignancy
     specify type: _____
   - □ Solid organ malignancy
     specify type:_____

2. HIV infection □ Yes □ No □ Unknown
   If yes, choose one of the below
   Ever had CD4 < 200 cells/mm^3 within past 6 months
   □ Yes □ No □ Unknown

3. Other immunocompromising conditions □ Yes □ No □ Unknown
   - □ Transplant in the last 2 years
     - □ Hematologic
     - □ Solid organ
   - □ Chemotherapy
   - □ Chronic use of steroids
   - □ Medications/therapies that weaken the immune system
     - □ TNF-alpha inhibitors (e.g., infliximab, adalimumab, etanercept)
     - □ Other (specify):
       _____
   - □ Cirrhosis

4. Other conditions
   - □ Liver disease
     - □ Cirrhosis
   - □ Diabetes
   - □ History of stroke, plegia, paralysis
   - □ Chronic kidney disease
   - □ Chronic respiratory failure
   - □ Cardiac disease
   - □ Other, specify: _____

5. Other potentially relevant underlying conditions?
   □ Yes (specify below) □ No □ Unknown
   _____
   _____
   _____
   _____
   _____

C. Incident specimen data

1. Date of incident specimen collection (DISC)*: (mm-dd-yyyy) *This is the earliest date that a patient had a positive test for antifungal-resistant dermatophytosis	___ ___ - ___ ___ - ___ ___ ___ ___

2. Test type	□ Culture □ PCR
3. Body site	□ Tinea capitis (scalp, hair) □ Tinea barbae (beard) or faciei (face) □ Tinea manuum (hands) □ Tinea unguium (toenails) □ Tinea unguium (fingernails) □ Tinea genitalis (genitals) □ Tinea corporis (other parts of body such as arms or legs), specify: _____ □ Tinea cruris (groin, inner thighs, or buttocks) □ Tinea pedis (feet) □ Other body site specify: _____
4. Genus and species	□ *Trichophyton mentagrophytes* □ Genotype VIII (*T indotineae)* □ Other genotype, specify: _____ □ Unknown genotype □ *Trichophyton rubrum* □ Other *Trichophyton* species Species: _____□ species unknown □ *Microsporum* Species: _____ □ species unknown □ *Epidermophyton* Species: _____□ species unknown □ Other genus (specify) _____ Species: _____□ species unknown
5. Antifungal susceptibility testing	**Drug, minimum inhibitor concentration (MIC), mg/L (µg/mL)** Terbinafine (Lamisil) _____ Itraconazole (Sporanox) _____ Amphotericin B _____ Anidulafungin (Eraxis) _____ Caspofungin (Cancidas) _____ Fluconazole (Diflucan) _____ Flucytosine (5FC) _____ Ibrexafungerp (Brexafemme) _____ Isavuconazole (Cresemba) _____ Micafungin (Mycamine) _____ Posaconazole (Noxafil) _____ Voriconazole (Vfend) _____
Molecular determinant of resistance (e.g., SQLE):	_____ □ Unknown

D. Patient diagnosis and outcomes		
1. Patient location at time of incident specimen collection:		
□ Hospital inpatient	□ Outpatient	□ Long-term care facility (LTCF)
□ Intensive care unit	□ Emergency room	□ Long-term acute care hospital (LTACH)
□ Surgery/OR	□ Clinic/Provider's office (specify)	□ Autopsy
□ Radiology	□ Dermatologist	□ Unknown
□ Other inpatient _____	□ Infectious Diseases	□ Other _____

□ Podiatrist
□ Primary care (adult)
□ Primary care (pediatrics)
□ Other provider type, specify _____
□ Unknown provider type
□ Dialysis center
□ Surgery
□ Urgent care
□ Observational/clinical decision unit
□ Other outpatient _____

2. Rash onset date (mm/dd/yyyy): ____/_____/_____

3. Indicate body site(s) affected.
□ Tinea capitis (scalp, hair)
□ Tinea barbae (beard)
□ Tinea manuum (hands)
□ Tinea unguium (toenails)
□ Tinea unguium (fingernails)
□ Tinea genitalis (genitals)
□ Tinea corporis (other parts of body such as arms or legs), specify: _____
□ Tinea cruris (groin, inner thighs, or buttocks)
□ Tinea pedis (feet)
□ Other body site, specify: _____
□ Unknown

4. Date of most recent follow-up for rash (within 90 days after DISC) (mm/dd/yyyy): ____/_____/_____

Compared with the patient's rash on DISC, what was the status of the patient's rash at most recent follow-up?
□ Worse
□ Neither better nor worse
□ Improving, but not fully resolved
□ Fully resolved
□ Unknown

E. Antifungal treatment: Did the patient receive antifungal drugs during the 90 days before to 60 days after the DISC?
□ Yes □ No □ Unknown (If yes, please complete the table below for each drug received)

Systemic antifungals			
Amphotericin B lipid complex (ABLC)	Fluconazole (FLC)	Micafungin (MFG)	Unknown drug (UNK-S)
Liposomal Amphotericin B (L-AmB)	Flucytosine (5FC)	Terbinafine (TRB-S)	
Amphotericin B colloidal dispersion (ABCD)	Griseofulvin (GSF)	Posaconazole (PSC)	
Anidulafungin (ANF)	Ibrexafungerp (IBR)	Voriconazole (VRC)	
Caspofungin (CAS)	Isavuconazole (ISA)	Other systemic drug (specify) (OTH-S): _____	
	Itraconazole (ITC)		
Topical antifungals			
Butenafine (BTF)	Econazole (ECZ)	Naftifine (NFT)	Tavaborole (TVB)
Ciclopirox (CPX)	Efinaconazole (EFZ)	Nystatin-triamcinolone (NTC)	Terbinafine (TRB-T)
Clotrimazole (CTZ)	Ketoconazole (KTC)		Terconazole (TCZ)
Clotrimazole-betamethasone dipropionate (CBM)	Luliconazole (LCZ)	Oxiconazole (OCZ)	Other topical antifungal

	Miconazole (MCZ)	Sertaconazole (STC)	(specify) (OTH-T): _____ Unknown drug (UNK-T)
Drug Abbrev	**b. First date given** (*mm-dd-yyyy*)	**c. Last date given** (*mm-dd-yyyy*)	**e. Therapeutic drug monitoring (TDM)**
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >60 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No
	___ ___ - ___ ___ - ___ ___ ___ ___ □ Start date unknown □ Start date was >60 days before DISC	___ ___ - ___ ___ - ___ ___ ___ ___ □ Still on treatment at time CRF completed □ Stop date unknown	□ Yes Date of earliest TDM: TDM level: Date of second TDM: TDM level: □ No

E. Supplemental patient interview form: Note that "you" in these questions refers to the patient.	
1. Have you traveled internationally during the two years before rash onset?	□ Yes If yes, specify country/city/cities/dates: _____ □ No □ Unknown
2. Have you had any known exposures to possible ringworm during the month before rash onset?	□ Yes If yes, specify country/city/cities/dates: _____ If yes, select all that apply □ Other person with possible ringworm □ Animal with possible ringworm If yes, what type of animal? □ Cat □ Dog □ Other, specify: _____ □ Environment (e.g., public showers, gyms, shared equipment), specify: _____ □ Other, specify: _____ □ No □ Unknown Provide any details of exposure that you might be relevant and are not captured above:_____
3. How many people are in your household (including yourself) and how many developed signs symptoms of ringworm?	Number of people in the household _____ □ Unknown Number of people in the household who developed possible ringworm _____ □ Unknown
4. Did you use topical steroids before this diagnosis?	□ Yes If yes, name of drug(s), dose(s), duration(s):

	_____ □ No
5. Did you use topical and/or systemic antibacterial medications before this diagnosis (including those purchased over-the-counter)?*	□ Yes If yes, name of drug(s), method(s) of administration (e.g., oral, topical), dose, duration: _____ □ No
6. Over the last week, how itchy, sore, painful, or stinging has your skin been?*	□ Very much □ A lot □ A little □ Not at all
7. Over the last week, how embarrassed or self-conscious have you been because of your skin?*	□ Very much □ A lot □ A little □ Not at all
8. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?*	□ Very much □ A lot □ A little □ Not at all □ Not relevant
9. Over the last week, how much has your skin influenced the clothes you wear?*	□ Very much □ A lot □ A little □ Not at all □ Not relevant
10. Over the last week, how much has your skin affected any social or leisure activities?*	□ Very much □ A lot □ A little □ Not at all □ Not relevant
11. Over the last week, how much has your skin made it difficult for your to do any sport?*	□ Very much □ A lot □ A little □ Not at all □ Not relevant
12. Over the last week, has your skin prevented you from working or studying?*	□ Yes □ No If no, over the last week, how much has your skin been a problem at work or studying? □ A lot □ A little □ Not at all □ Not relevant □ Not at all □ Not relevant
13. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?*	□ Very much □ A lot □ A little □ Not at all □ Not relevant
14. Over the last week, how much has your skin caused any sexual difficulties?*	□ Very much □ A lot □ A little □ Not at all □ Not relevant
15. Over the last week, how much of a problem has the treatment for your skin been, for	□ Very much □ A lot

example by making your home messy, or by taking up time?*	□ A little □ Not at all □ Not relevant

***Questions were adapted from the Dermatology Life Quality Index (DLQI); approval obtained from DLQI Administrator.**

Additional comments:

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