Provisional JDM Minimal Dataset, Form A - first data entry only

Instructions on use / definitions available as supplementary material.
- For variables that are not available at time of data entry, but will be available at a later date, mark 'not available', (so that they can be chased and added at a later date).
- For variables that have not been examined / investigated, mark 'not recorded'.

<table>
<thead>
<tr>
<th>Patient ID Number*</th>
<th>Patient Name*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Consultant / Lead Clinician? *</td>
<td>Patient Hospital* and country</td>
</tr>
</tbody>
</table>

Information to be completed or details omitted pending local ethics and legal considerations

Date of form completion

A. Demographic Data

<table>
<thead>
<tr>
<th>DOB*</th>
<th>Gender: Male / Female</th>
</tr>
</thead>
</table>

Ethnicity *(Details to be further defined by consensus)*

Family History *(1st degree relative)*

1. Neuromuscular disease
   - Yes
   - No
   - Not Known
   - Not Available
   If yes, state disease_____________________________________________

2. Autoimmune disease
   - Yes
   - No
   - Not Known
   - Not Available
   If yes, state disease_____________________________________________

B. Diagnostic Data

*For definitions please refer to supplementary sheet*

1. Disease type:
   - JDM
   - JPM
   - JDM overlap with: Arthritis / Lupus / Scleroderma / Sjogren’s / MCTD (RNP +ve)
     - Amyopathic JDM
     - Incomplete DM
     - Inclusion body myositis (IBM)

   Mark all overlap features that apply

2. Date of first symptom (mm/yyyy) _____/_____

3. Date of diagnosis (mm/yyyy) _____/_____

4. Diagnostic Clinical Criteria

| Symmetrical proximal muscle weakness | Yes | No | Not Available (at time of data entry but can be completed later) | Not Done |

**Dermatological features of JDM:**

<table>
<thead>
<tr>
<th>Heliotrope rash</th>
<th>Yes</th>
<th>No</th>
<th>Not Available</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gottron's papules or Gottron's sign</td>
<td>Yes</td>
<td>No</td>
<td>Not Available</td>
<td>Not Done</td>
</tr>
<tr>
<td>Nailfold capillary changes</td>
<td>Yes</td>
<td>No</td>
<td>Not Available</td>
<td>Not Done</td>
</tr>
<tr>
<td>Other characteristic JDM rash</td>
<td>Yes</td>
<td>No</td>
<td>Not Available</td>
<td>Not Done</td>
</tr>
</tbody>
</table>