A-STAR: Current Phototherapy	
Patient Study ID: |___|___|___|___|___|___|	**Initials:** |___|___|___|

Current phototherapy (for additional therapies print further CRF pages) |___|___|

Type of therapy:

☐ UVA

☐ UVA-1

☐ Narrowband-UVB

☐ Broadband-UVB

☐ UVB (unspecified)

☐ UVAB

☐ PUVA (oral or other)

☐ Other: _____

Start date:

|___|___| |___|___|___| |___|___|___|___|

Is current therapy: ☐ Yes ☐ No

Ongoing: ☐ Yes ☐ No

Stop date:

|___|___| |___|___|___| |___|___|___|___|

Reason for stopping:

☐ Insufficient response

☐ Relapse (after initial good response)

☐ Side effect

☐ Cumulative dose

☐ Remission

☐ Other (specify):

_____

Cumulative dose: |___|___|___| J/cm^2

Effect:

☐ Excellent (Clearance)

☐ Good

☐ Moderate

☐ Poor

☐ Unknown