BRASS PATIENT

ONE YEAR FOLLOW UP QUESTIONNAIRE

MARKING INSTRUCTIONS

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the circle completely.
- Make no stray marks on this form.
- . Do not fold, tear, or mutilate this form.

A. GEN	NERAL	INFOR	MATION
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A1.	Current Phone Number:	A2 .	Weight A3.	Height	A4 .	. Blood F	Pressure	Study ID		Date	,
			Lbs.	Ft. Inc	h	Systolic	Diastolic	Study ID	Mo.	Day	Year
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A5.	Age: A6. What was your birth order?	A7.	 What was yo I do not kr Less than 5 to 5.5 pc 5.6 to 7 pc 	now my 5 pound ounds	birth w	eight () 7.1 to 8.5 ជ) 8.6 to 10 p) More than	oounds ounds	B. Have any country the p	hildre ast ye	en in
		A9.		any of		_	accinations	BEFORE your s	<u> </u>	_	
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B. WHAT ARTHRITIS MEDICATIONS ARE YOU CURRENTLY TAKING?

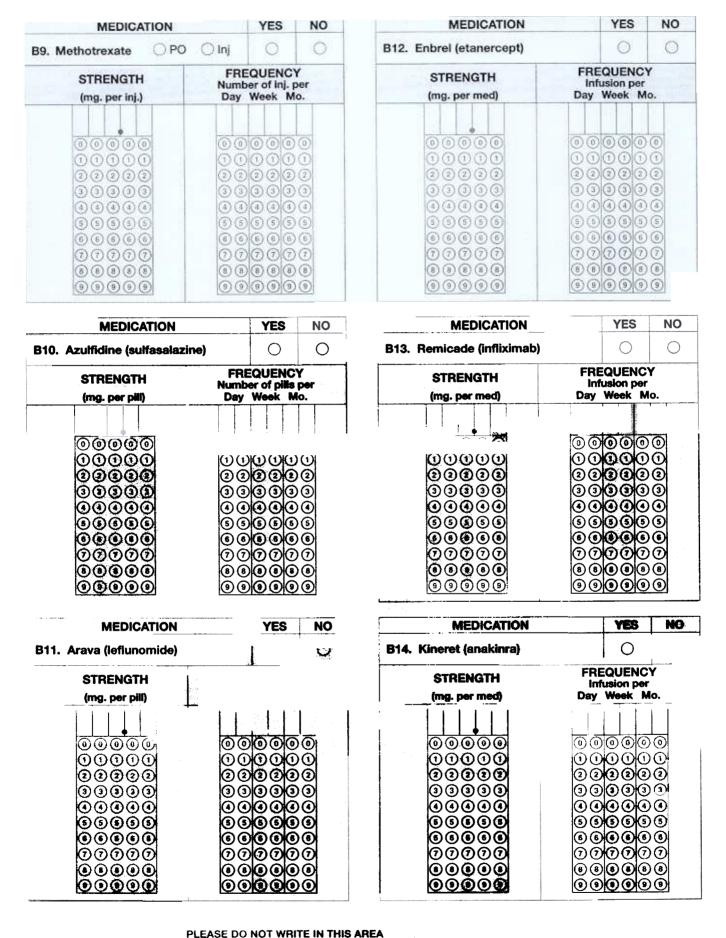
Please tell us what medications for arthritis you were taking when you arrived for your appointment TODAY. Please do not include any changes to your medication regimen that your doctor prescribed today.

	MEDICATION			NO			
B1.	B1. Celebrex (celecoxib)			0			
	STRENGTH (mg. per pM)	FREQUENCY Number of pills per Day Week Mo.					
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MEDICATION	TES NO
Vioxx (rofecoxib)	0 0
STRENGTH	FREQUENCY Number of pills per
(mg. per pill)	Day Week Mo.
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	Vioxx (rofecoxib) STRENGTH (mg. per pitl) 0 0 0 0 0 1 1 1 1 1 2 2 2 2 2

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B3. Bextra (valdecoxib))	0	B6. Deltasone (prednisone)		0	0
STRENGTH		FREQUENCY umber of pills per		STRENGTH	FREQUENCY		
(mg. per pill)	Day Wee			(mg. per pill)	Day	er of pills Week N	oper No.
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MEDICATION	V		NO		The second		
MEDICATION	YE	ES	NO	MEDICATION B7. Medrol		YES	NO
B4. Motrin (ibuprofen)	FDFOU	-	0	(methylprednisolone)		0	
STRENGTH	FREQUE Number of			STRENGTH		EQUENC er of pills	
(mg. per pill)	Day Wee	k M	о.	(mg. per pill)		Week N	
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MEDICATION	YES	NO	
B15. Humira (adalimumab)	0	0	
STRENGTH (mg. per pill)	Numb	QUENC er of pills Week	s per
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MEDICATION		YES	NO		
B18. Gold/Myochrysine (aurothioglucose)		0	0		
STRENGTH (mg. per med)	FREQUENCY Injection per Day Week Mo.				
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MEDICATION		YES	NO
B16. Neoral/Sandimmune (cyclosporine)		0	0
STRENGTH (mg. per pill)	Numb	EQUENC er of pills Week M	per
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MEDICATION		YES	NO
B19. Gold/Ridaura (auranofin)		0	0
STRENGTH (mg. per pill)	Numb	QUENC er of pills Week M	per
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MEDICATION		YES	NO
B17. Imuran (azathioprine)	0	0	
STRENGTH (mg. per pill)	Numb	OUENC er of pills Week I	per
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MEDICATION	YES	NO	
B20. Penicillamine (cuprimine)	0		
STRENGTK (mg. per pill)	FREQUENCY Number of pills per Day Week Mo.		
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MEDICATION	YES NO	MEDICATION	YES NO
B21. Rituximab	0 0	B24. Aspirin	0 0
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(mg. per inf.)	Number of Inf. per Day Week Mo.	(mg. per pill)	Day Week Mo.
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MEDICATION	YES NO	MEDICATION B25. Other:	YES NO
B22. Cyclophosphamide OPO		bzb. Other.	0 0
STRENGTH	FREQUENCY Number of inf. per	STRENGTH	FREQUENCY Number of pills per
(mg. per inf.)	Day Week Mo.	(mg. per pill)	Day Week Mo.
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MEDICATION	VEC NO		
MEDICATION	YES NO		
B23. Leucovorin			
STRENGTH	FREQUENCY Number of pills per		
(mg. per pill)	Day Week Mo.		
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Please tell us what medications for pain you were taking when you arrived for your appointment TODAY.

B26. Ultram (tramadol) STRENGTH (mg. per pill) 0	FREQUEN Number of pil Day Week 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1s per Mo. 9 0 1 1 2 2	MEDICATION B29. Fioricet STRENGTH (mg. per pill) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FREQUENCY Number of pills per Day Week Mo.
(mg. per pill) 0 0 0 0 0 1 1 1 1 1 2 2 2 2 3 3 3 3 3 4 4 4 4	Number of pil Day Week 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1s per Mo. 9 0 1 1 2 2	(mg. per pill)	Number of pills per Day Week Mo.
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MEDICATION	YES	NO	MEDICATION	YES NO
27. Percocet (Roxicet/Tylox)	0	0	B30. Fiorinal	0 0
STRENGTH	FREQUEN Number of pill		STRENGTH	FREQUENCY Number of pills per
(mg. per pill)	Day Week		(mg. per pill)	Day Week Mo.
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MEDICATION	YES	NO	MEDICATION	YES NO
6. OxyContin (oxycodone)	0	U	B31. Percodan	0
STRENGTH	FREQUENO Number of pill	CY	STRENGTH	FREQUENCY Number of pills per
OTTILITATI	Number of pill		OTHEROTT	

MEDICATION	YES NO	MEDICATION	YES	NO
B32. Darvocet	0 0	B35. Tylenol (acetaminophen) 0	\bigcirc
STRENGTH (mg. per pill)	FREQUENCY Number of pills per Day Week Mo.	STRENGTH (mg. per pill)	FREQUENCY Number of pills p Day Week Mo	per
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MEDICATION	YES NO	MEDICATION	YES	NO
B33. Darvon		B36. Vicodin (hydrocodone)	0	0
STRENGTH	FREQUENCY Number of pills per	STRENGTH	FREQUENCY Number of pills p	r per
(mg. per pill)	Day Week Mo.	(mg. per pill)	Day Week Mo	D.
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MEDICATION	YES NO	MEDICATION B37. Other:	YES	NO
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						s in the P/	AST 6 MO	NTHS?					
_	YES	○ NO				to questior							
Ĺ ,	Why d	id you st	op taking	these n	nedicatio	ns? How	long were	you tak	ing thes	e medica	tions?		
		Medicatio	on		Yes/No	Duration (Months)		V	/ledication	on .		Yes/No	Durat (Mont
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Why di	id you st	op taking	g this me			000	Why di	d you st	op taking	this me	dication		00
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effective		Liver problem	Lung problem	blood	Infusion reaction	2 3 2	Not effective	Skin rash	Liver problem	Lung problem	blood	Infusion reaction	② ② ③ ③
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Infection	Swelling	Stomach problem		Other:		000	Infection	Swelling	Stomach problem		Other:	į	© ⊙ • Ø Ø
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© N C3. A2	X (N)	Wedication (sulfasal	⊗ (N) on lazine) g this med	(y) (dication	Yes/No 1	Duration (Months)	C6. F	Nemicade	Medication (inflixing) (inflixing) (inflixing)	on nab)	⊕(dication	Yes/No 1 ① ①	Durat (Mont
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© N C3. Az	xulfidine	Wedication (sulfasal	⊗ (N) on lazine) g this med	dication'	Yes/No 1	Duration (Months) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C6. F	Nemicade d you ste	Medications (inflixing particular)	on nab) this med Lung problem	dication Falling blood counts	Yes/No 1 (v) (i) 7 Infusion reaction	Durat (Mont) 0 0 0 1 1 2 2 3 3 3
© N C3. Az	v N zulfidine d you ste	Medication (sulfasal op taking Liver problem	on lazine) g this med	dication Falling blood counts	Yes/No 1 ③ ③ Infusion reaction	Duration (Months) 0 0 0 1 1 3 2 2 2	C6. F Why di	Remicade d you sto Skin rash	Medications (inflixing particular problem)	on nab) this med	dication Falling blood	Yes/No 1 ① ① ① ① ① ① ① ① ② ② ② ② ② ② ② ② ② ②	Durat (Mont) 0 0 1 1 2 2 3 3 4 4 4
C3. Az Why die Not effective 2 Y N	v N zulfidine d you ste Skin rash 3	Medication (sulfasal op taking Liver problem 4 ③ 8	on lazine) g this med Lung problem 5 ③ N	dication' Falling blood counts 6	Yes/No 1 ③ ® ? Infusion reaction 7	Duration (Months) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C6. F Why di Not effective	Remicaded you store Skin rash 3	Medications (inflixing p taking Liver problem 4 (*) (*) Stomach	on hab) this med Lung problem 5 (**) (**) Don't	dication Falling blood counts 6	Yes/No 1 (v) (i) 7	Durat (Mont) 0 0 0 1 1 2 2 3 3 4 4 4 6 5 5 6 6 6
C3. Az Why die Not effective 2 Y N	v N zulfidine d you ste Skin rash 3 v N	Medication (sulfasal op taking Liver problem 4	on lazine) g this med Lung problem 5 (**) (**)	dication Falling blood counts 6	Yes/No 1 R	Duration (Months) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C6. F Why di Not effective 2 ③ 例	Remicaded you store Skin rash 3	Medication op taking Liver problem 4 ② N	on hab) this med Lung problem 5	dication Falling blood counts 6	Yes/No 1 ① ① ① ① ② ② ② ② ② ③ ③ ③ ② ③ ③ ② ③ ③ ② ③ ③ ③ ③	Durat (Mont) 0 0 0 1 1 2 2 3 3 4 4 6 5 6 6 6 7 7 8 8

Continue on next page

	N	ledicatio	n		Yes/No	Duration (Months)		٨	/ledicatio	n		Yes/No	Duration (Months)
C7. K	(ineret (a	nakinra)			1 (Y) (N)	000	C11.	Gold/My	ochrysin	е		1 (Y) (N)	000
Why di	d you sto	p taking	this me	dication ^e	?	1111	Why di	d you st	op taking	this me	dication	?	1111
Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	222	Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	222
2	3	4	5	6	7	(4) (4) (4)	2	3	4	5	6	7	(4) (4) (4)
Y N	Y N	(V) (N)	YN	Y N	(Y) (N)	5 5 5	(Y) (N)	YN	(V) (N)	YN	YN	YN	5 5 5
Infection	Swelling	Stomach problem	Don't know	Other:	and the second s	666	Infection	Swelling	Stomach problem		Other:		6 6 6 7 7 7
8	9	10	11	12	!	888	8	9	10	11	12		888
YN	Y N	YN	YN	(Y)	N	999	W W	YN	(N)	(Y) (N)	(Y)	N)	999

	N	Medicatio	n		Yes/No	Duration (Months)	2180	N	/ledicatio	n	and a	Yes/No	Duration (Months)
C8. F	łumira (a	dalimum	nab)		1	000	C12.	Gold/Ric	laura			1 (Y) (N)	000
Why di	d you sto	op taking	this med	dication	?	000	Why di	d you st	op taking	this me	dication	?	1111
Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	222 333	Not effective	Skin	Liver problem	Lung problem	Falling blood counts	Infusion reaction	2 3 3 3
2	3	4	5	6	7	(4)(4)(4)	2	3	4	5	6	7	444
(Y) (N)	(Y) (N)	(V) (N)	(V) (N)	(V) (N)	(V) (N)	5 5 5	(V) (N)	(Y) (N)	(Y) (N)	(N)	(Y) (N)	(V) (N)	(5) (5) (5)
Infection	Swelling	Stomach problem	Don't know	Other:		666 777	Infection	Swelling	Stomach problem	Don't know	Other:		(9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (
8	9	10	11	12		(8) (8) (8)	8	9	10	11	12	8	(B)(B)
(10)	(Y)(H)	(Y) (N)	(Y)(N)	(V)	(g)	(9)(9)(9)	(Y) (N)	(Y) (N)	(P)(N)	(V)(N)	(P) (N)	(9)(9)(9)

	N	Medicatio	n		Yes/No	Duration (Months)		1	Medicatio	n	E FAMI	Yes/No	Duration (Months)
C9. Sa	ındimmu	ne/Neor	al (cyclos	porine)	1	000	C13.	Penicilla	mine (cu	primine)		1 ③®	000
Why di	d you st	op taking	this me	dication	?	000	Why di	d you st	op taking	this me	dication	?	000
Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	338 333	Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	222 333
2	3	4	5	6	7	(1) (1) (2)	2	3	4	5	6	7	(4)(4)(4)
(V) (R)	(N) (N)	(V) (N)	(P) (H)	(V) (N)	(A) (B)	(3) (5) (5)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(Y) (N)	(P)(N)	(1)(E)
Infection	Swelling	Stomach problem	Don't know	Other:		666 777	Infection	Swelling	Stomach problem	Don't know	Other:		@@@ @@@
8	9	10	11	12		888	8	9	10	11	12	i I	(B) (B) (B)
(F) (B)	(1) (1)	(Y) (N)	(V) (t)	1	8)	999	(Y) (N)	(F)(N)	(V) (N)	(Y) (N)	(P)	N)	999

	N	dedicatio	n		Yes/No		ation inthe)		N	Medicatio	n		Yes/No	Duration (Months)
C10. In	nuran (az	zathioprir	ne)	Okazana - Jana Jawa	1 90		00	C14.	Cycloph	osphami	de		90	000
Why di	d you sto	op taking	this me	dication	?	0 (\mathfrak{D}	Why die	d you ste	op taking	this me	dication	?	1111
Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	_	30	Not effective	Skin rash	Liver problem	Lung problem	Falling blood counts	Infusion reaction	222
2	3	4	5	6	7	0	30	2	3	4	5	6	7	(4) (4) (4)
\bigcirc \bigcirc	(€)(€)	⊗ №	\odot	™	⊗ ⊗	-	3 ((V) (N)	YN	(V) (N)	90	Ø₩	(V) (N)	5 5 5
Infection	Swelling	Stomach problem	Don't know	Other:			9 (9		Swelling		Don't know	Other:		666 777
8	9	10	11	12	!	0	D	8	9		11	12	2	888
	9 0	$ \Theta \Theta $	\mathbf{M}	90	N i	(9(99	(Y) (N)	\bigcirc N		(Y) (N)	$\mathfrak{P}($	N)	9 9 9

	N	1edicatio	n		Yes/No	Duration (Months)		N	Medicatio	n		Yes/No	Duratio (Months
C15. N	NSAID				1	000	C16. (Other:				1	000
					(A) (B)	000	110 11				41 41	(V) (N)	000
-		1	this med	dication Falling	1	000			op taking		dication Falling		000
Not fective	Skin rash		Lung problem	blood	Infusion	999	Not effective	Skin rash	*30000000000000000000000000000000000000	Lung problem	blood	Infusion	33
2	3	4	5	6	7	000	2	3	4	5	6	7	(4) (4) (b)
(A) (A)	(V) (N)	(N) (N)	(Y) (B)	(V) (N)	(A) (A)	999	(A) (A)	(Y) (N)	(V) (N)	(A) (A)	(A) (A)	(V) (N)	(5) (5)
fection	Swelling	Stomach problem	Don't know	Other:		000	Infection	Swelling	Stomach		Other:		(6) (6) (7)
8	9	10	11	12	2	888	8	9	10	11	12	1	(8) (B)
9 (B)	(P) (H)	(N)	(A) (A)	9	N)	999	(W) (N)	(A) (A)	(V) (R)	(V) (N)	(Y)	N)	99
	◯ None ◯ Multivi	tamin (an		0	Vitamin D Vitamin E	Ŏ	Folic Acid Vitamin B	-6	Other:		TATA MILITER NICE AND A SECOND		************
	⊃ Vitami ⊃ Vitami				Calcium Iron	_	Vitamin B Magnesiu		Other:				
Please		vhat med		you are		ITLY taking	g for cond	_					porosis,
		ME	DICATIO	N				per pili)	H 10000 V HEAT 7 10		FRE	QUENCY	
D3.													
D4.									Albert describer Tillians and				
D5.													
D6.													
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D13.						*		<u>~</u>			***		

	MEDICA	ATION			STREI (mg. pe			FREQU	JENCY	i
D16.						3800000				
D17.										
○ I am ○ I do	not allergic to	any medic	c to? (Allergy = ines to any medicines		swelling,	hives)				J
	NERAL HE PAST 6 MONTI		any visits did y	ou make	to any of	the follow	vina:			
	Physical the		0 0		_	9-12	_	○ 17-20	○21 o	r more
E1-2.	. Massage the	erapist	0 0	O 1-4	○5-8	9-12) 13–16	17-20	○21 o	r more
E1-3.	Herbalist) 0			9-12	○ 13–16	○ 17–20	○ 21 o	
	Chiropracto	•	00		_	9-12	○ 13-16	○ 17-20		
	·				_	_			○ 21 o	
	Acupuncturi		00			9-12	() 13–16	○ 17-20	○ 21 o	r more
E1-6.	Exercise Phy Personal tra	•	00	○ 1-4	○ 5–8	○ 9–12	○ 13–16	○ 17–20	○ 21 o	r more
E1-7.	Homeopathi	c practitio	ner O 0	O 1-4	○5-8	9-12	() 13–16	<u> </u>	○ 21 o	r more
E2. During	the PAST WE	≣K (even if	it was not a tyr	oical wee	k), how r	nany minu	ites for the e	ntire week	did you s	spend:
						0	1–14	15–30 :	31–60	More than 60
E2-2. E2-3. E2-4. E2-5. E2-6.	Weight traini Swimming of Bicycling (ind Walking for e Aerobic exer	ng/resista r aquatic e cluding sta exercise cise equip		e bikes) ter, etc.)	yoga	000000	00 0000	000 000	00 0000	္)()
E3. Are you	_	_	nlessness, other			s exertion	?			
E3-1.	_	_	reath when hur		_		lking up a sli	ight hill?		
=	○ YES	_	(If NO, please pr		•	·				
E3-2.			ower than most hen you walk o					o stop after	a mile o	r so
	○ YES	_	(If NO, please pr	_						
E3-3.	Do you have	to stop fo	r breath after w	alking ab	out 100	yards (or a	after a few m	inutes) on l	evel grou	und?
	O YES	○ NO	(If NO, please pr	oceed to	question	#E4)				
E3-4.	_	_	to leave the ho				ing?			
	O YES	\bigcirc NO	(If NO, please pr	oceed to	question	#E4)				

E.

E4. We are interested in learning more about your general health. Have you experienced or been diagnosed with any of the following conditions in the PAST 6 MONTHS?

	Condition	Yes/No	Currently Active?	Condition	Yes/No	Currently Active?
E4-1.	High Cholesterol	®	(M) (I)	E4-32. Thyroid Cancer	(ON)	Y N U
E4-2.	High Blood Pressure	(Y) (N)	900	E4-33. Brain Cancer	(O(R)	(A) (A)
E4-3.	Heart Attack	(P)(N)	$\Theta \Theta \Theta$	E4-34. Other cancer:	ÖÖ	OO O
E4-4.	Heart Failure	(Y)(N)	$\Theta\Theta\Theta$	E4-35. Dry eyes/ mouth	00	900
E4-5.	Angina/Chest Pain	\bigcirc \bigcirc	WWW	E4-36. Cataracts	<u>00</u>	
	Low Red Blood Cell Count (anemia)		TORIO	E4-37. Stomach Ulcer	00	$\begin{array}{c} 0.00 \\ 0.00 \\ 0.00 \end{array}$
	Bronchitis	$ \widetilde{\Theta} $	<u> </u>	E4-38. Stomach Bleed	O0	$\Theta\Theta\Theta$
E4-8.	Pneumonia	Θ	$ \widetilde{\Theta} \widetilde{\Theta} \widetilde{\Theta} $	E4-39. Irritable Bowel Syndrome	00	000
E4-9.	Emphysema	$\widetilde{\mathfrak{D}}$	<u> </u>	E4-40. Reflux (Heartburn)	00	
	Flu or influenza	Ý (Đ	$\Theta\Theta\Theta$	E4-41. Prostate Problem		$\bigcirc \bigcirc \bigcirc \bigcirc$
	Mononucleosis	ŎŎ	$\Theta\Theta\Theta$	E4-42. Osteoarthritis	(O)(0)	\bigcirc
CA WARRENCE	Hayfever/Seasonal allergies	OO	TO 0	E4-43. Neck/Back problem	(M)	<u> </u>
4-13.	Asthma	$ \widetilde{\Theta}\widetilde{\Theta} $	000	E4-44. Osteoporosis	. (9) (8)	\sim \sim \sim
	Eczema	ØØ.	$\begin{array}{c c} \hline 0 & 0 & 0 \\ \hline \end{array}$		(9)(N)	<u> </u>
	Stroke	⊙ ⊙	<u> </u>	E4-45. Broken bones since age 40	$\bigcirc 0$	$\Theta\Theta$
4-16.	X84-4-4-7	Θ	<u> </u>	E4-46. Early menopause (before age 40)		\bigcirc
	Hyperthyroid	⊗®	000	E4-47. Ovaries removed before age 40	$\bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc \bigcirc \bigcirc$
	Hypothyroid	⊗®	<u> </u>	E4-48. Parkinson's Disease	$\odot \odot$	$\Theta\Theta\Theta$
	Type I Diabetes (Juvenile Onset)	Θ	<u> </u>	E4-49. Multiple Sclerosis	$\bigcirc \bigcirc \bigcirc$	$\Theta\Theta\Theta$
4-20.	Type II Diabetes (Adult Onset)	$\odot \odot$	<u> </u>	E4-50. Freq. Headaches	⊗ ®	000
	Lymphoma	(Y) (N)	(V) (N) (V)	E4-51. Migraines	<u> </u>	$\bigcirc \bigcirc \bigcirc \bigcirc$
	Leukemia	00	(N)(N)	E4-52. Dementia	$\Theta\Theta$	$\bigcirc \bigcirc \bigcirc$
	Melanoma	<u>MAI</u>	<u> </u>	E4-53. Depression	(Y) (N)	62 62 62
	Basal Cell Skin Cancer	$\overline{\emptyset}$		E4-54. Alcoholism		
	Squamous Cell Skin Cancer		<u>0000</u>	E4-55. Liver Disease	-3-3 -	
	Breast Cancer	90	000	E4-56. Hepatitis	$\overline{\bigcirc \bigcirc}$	
	Lung Cancer	$\bigcirc \bigcirc$	$\begin{array}{c c} \hline 0 & 0 & 0 \\ \hline 0 & 0 & 0 \\ \hline \end{array}$	E4-57. Pancreatitis	L	
	Prostate Cancer	(V)(N)	0.00	E4-58. Kidney Disease	$\Theta\Theta$	<u>(v)</u>
	Colon Cancer	$\Theta\Theta$	$\Theta \Theta \Theta$	E4-59. HIV/AIDS	$\Theta\Theta$	
	Renal Cancer	<u>Ø</u>	000	E4-60. Other:	(Y)(N)	
	Esophageal Cancer	(N) (Y)	000	E4-61. Other:		
		·	♥®®	E4-62. Other:		
_0.	○ Hip ○ Wrist ○ S		Arm	ne did you break? (Mark all that apply) Other:		
		e procee	d to section i	F)		
	→ E6-1. IF YES, which infections Did you treat your intect	i nave yo iion with	u experience oral or IV an	tibiotics?		
	O Sepsis (blood stream in	nfection)		Oral	IV	
	O Pneumonia	nocuon,				
	O Upper Respiratory infe	ction/cold	4	nt, infected artificial joint) nfected nodules) er infection		
	Tuberculosis		•	$\widetilde{\mathcal{S}}$		
		taamidi	ie eanti-!-!-	st infected additional to the s		
	O Bone/joint infection (os	d ekie we	as, sepuc joir	it, injected artificial joint)	\succeq	
	Skin infections (infected	u skili UK dana 1-4	ਰਾ, CellUlRis, i	rriected nodules)	000	
	Other infections	CONBY IN	ection/bladd	er intection Q	Q	
	Other infections requiri	ng antibio	DUCS -	O.	\cap	
	Please specify:					
				Continue on next	page	

PLEASE DO NOT WRITE IN THIS AREA

F1. During t	he PAST 6 N	NONTHS, hav (If NO, plea	-			neumatoi	d arthriti	s?				
	If YES, how	many flares	have you	had duri	ng the P	AST 6 M	ONTHS?					
	<u> </u>	<u>2</u> –3) 4–5	O More	than 5							
	_	u treat your dication—Ple					ply)					
	○ Increase	d strength of	medication	n—Please	specify	medicine	:					
	Other Tre	eatment—Ple ment	ase specif	y treatmei	nt:							······
F1-3.	How long d	lid your most	t recent fla		○ 4-6 c	loun	() 1–2 v	rooks	○ M	ore than a) wooks	
		•	_	•	O 4-0 C	ays	○ 1-2 ₩	CCNS	O 141	DIE URBITA	2 Weeks	
F1-4.	Has your m ○ YES	ost recent fl	are ended	l?								
F2. Please i	ndicate you	r average us	e, DURING	G THE PA	ST YEA	R, of eac	h specifi	ed beve	rage.			
Mark on	nly ONE resp	oonse per ite.	m:	Never	1 per day	2–3 per day	4–5 per day	6+ per day	1 per week	2–4 per week	5-6 per week	1–3 per month
F2-1. Regular Be F2-2. Light Beer, F2-3. Red Wine (F2-4. White Wine	e.g., Bud Ligl 4 oz glass)		ttle, can)	0	000	0 0 0		၀ ဂ		000	0	0
F2-5. Liquor, e.g.	, whiskey, gin		·		ŏ							
G. RECENT H G1. How ma					d of doc	tor. inclu	idina a ri	neumato	logist) in	the PAS	T 6 MON	ITHS
	include injed	ctions, medic		vein or in		?	g ··					
G2. How ma	anv times ha	ive vou visite	ed a rheum	natologisi	t in the F	PAST 6 M	ONTHS	íincludin	a vour vi	sit todav)?	
	-	1–3 visits		-					3 , •	•	,	
G3. Have yo	u been to ar	n emergency (If NO, plea	_			-	PAST 6 I	MONTHS	5?			
└ → G3-1.		w many time ent care cent	_	go to the	emerge	ency	tin	ne(8)		000		
	Which hos	pital emerge	ncy room	s/urgent	care cei	nters did	you go t	o?				
	Visit #1					Visit	#2					
G3-3 .	Date of vis	its: Visit #	1 <u>mm</u>	/ / dd y	rear		Visit #	2 <u>mm</u>	/ / dd	year		
			00 0003 000 3		<u> </u>		7.5	0 1 0 1 2 0 1 2	3 4 5	678	9	
		а (У (9000 9 9000	0000			y Y	0	345		9	
G3-4.	Why did yo	ou go to the				ire cente	r? What	•			our diaç	nosis?

F YOUR GENERAL HEALTH II

	Hos	spitalization #1		Ho	spitalization #2
→ G4-1.	Which hospi	tal did you go to?	G4-5.		pital did you go to?
G4-2.	When were	you admitted to the hospital?	G4-6.	When were	you admitted to the hospital?
mm dd	/ year	00 0023436789 0023 0036 0036 y 0 y 0003300	mm de		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
G4-3.	How many d	ays did you spend in the hospital?	G4-7.	How many	days did you spend in the hospital?
	day(s)	$\begin{array}{c} 00033456789 \\ \hline 00033456789 \\ \end{array}$		day(s)	0 1 2 3 4 5 6 7 8 9
G4-4.	Why did you	go to the hospital?	G4-8.	Why did you	go to the hospital?
G 5-2.		h nursing home or rehabilitation hosp	_	n hospital?	# 0000006 # 0000006 0000006
G5-3 . (When were y How many d rehabilitation	ou admitted to the nursing home or i	mm dd	hospital? / year day(s)	<u>a</u> 0000
G5-3. ∣ G5-4. √ G6. Have you	When were y How many di rehabilitation Why did you had surgery	ays did you stay in the nursing home or not hospital? go to the nursing home or rehabilitat in the PAST 6 MONTHS?	mm dd or ion hospital	hospital? / year day(s)	# 0000 6 0000006 7 0000006 00000006
G5-3. (G5-4. \	When were y How many di rehabilitation Why did you had surgery	ays did you stay in the nursing home or not hospital? go to the nursing home or rehabilitate in the PAST 6 MONTHS? (If NO, please proceed to question #G7)	mm dd or ion hospital	hospital? / year day(s)	# 0000 d 0000006 y 0000006 00000006 00000006
G5-3. G5-4. G6. Have you	When were y How many direhabilitation Why did you had surgery	ays did you stay in the nursing home or not hospital? go to the nursing home or rehabilitat in the PAST 6 MONTHS?	mm dd	hospital? year day(s)	# 0000 0000006 y 000006 y 000006 0000006 0000006 0000006
G5-3. (G5-4. \) G6. Have you	How many descriptions Why did you had surgery NO Where was y	ays did you stay in the nursing home or hospital? go to the nursing home or rehabilitat in the PAST 6 MONTHS? [If NO, please proceed to question #G7] Surgery #1 our surgery performed?	mm dd or ion hospital*	day(s) Where was	# 0000 # 000006 # 000006 # 000006 # 000006 # 000006 # 000006 # 0000006 # 0000006 # 0000006 # 00000006
G5-3. (G5-4. \) G6. Have you	How many descriptions Why did you had surgery NO Where was y	ays did you stay in the nursing home or hospital? go to the nursing home or rehabilitat in the PAST 6 MONTHS? (If NO, please proceed to question #G7)	mm dd or ion hospital*	day(s) Where was	# 0000 0000006 y 000006 y 000006 0000006 0000006 0000006

	nome health care provider (such as naker) visited you in your home in NO (If NO, please proces	the PAST 6 MONT	HS?	or			fice Use Only	
-	I. IF YES, how many times did the care provider visit you?		time(s)		0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9			
38. Which	of the following medical equipmer	nt have you used d	uring the	PAST 6 M	ONTHS?	•		
○ Non ○ Whe	e	G Commode	for bathroo	om O O -	ther:			
39. How m	any of the following diagnostic tes	sts did you have in	the PAST	6 MONTI	HS?		4 or	
00.4	V		0	1	2	3	more	
	. Xray . MRI		\circ	\mathcal{C}	\mathcal{O}	O	0	
	. CT scan		ŏ	ă.		O		
	. Endoscopy, gastroscopy (lookin	a into stomach			# · ·	V	, Q .,	
	through a tube down the throat)		\circ	0	\circ	0	0	
G9-5	. Colonoscopy or sigmoidoscopy		ŏ	ŏ	000	0	ര്	
G9-6	. Bone density scan for osteopor	osis	000	ō	Ă	. ~ :	000	
	. Cardiac catheterization/coronar	y angiogram	O	Ō	1			
	. Cardiac angioplasty		00000	000000000)0 000 0	0	0	
	. Stress test		Q	0	0	00000	00000	
	. Carotid ultrasound		Ō	Ō	Q	Ō	Q	
	. Sleep test		Q	Ŏ	Õ	Q	Q	
G9-12	. Lung tests/Breathing tests		Q:	O	O	O	O	
2. Have yo	Did your experience with infertilit Before the onset of RA symptoms After my onset of RA symptoms Both before and after the onset But ever had a miscarriage? NO (If NO, please procees How many miscarriages have your How many miscarriages did your re your RA symptoms began ryour RA symptoms began	ms s of RA symptoms d to question #H3) u had?	③④⑤ (1 st trimes ⑥⑦⑧ ⑨) ⑦ s ter) /) ⑩	After 12 v ① ① ②	weeks (2 ③ ① ⑤	nd -3 rd trimeste : ⑤ ⑦ ⑧ ⑨ ⑩ : ⑥ ⑦ ⑧ ⑨ ⑩	
3. Háva yo ┌○ YES	ONO NO							
	gnancy #1							
→ H3-1 .	Was this pregnancy before or after RA symptoms began?	er your	Н3-3.			-	h weight? · 7.1 to 8.5 pou	nds
	○ Before ○ After	-			.5 pound	_	8.6 to 10 pour	
				○ 5.6 to	7 pound		More than 10	
H3-2.	What was the outcome of the pregnancy?							
	(Mark all that apply)		H3-4.	What was the baby's gender?				
	Civeborn			○ Female ○ Male				
	○ Termination			Maren	-4·			
	○ Stillbirth ○ Twins		H3-5.	Number				
	~				eks or le	ss (pre-te	erm)	
	Minor or major birth defects:			33-37		unales #		
				○ More	ınan 3/ V	•	•	
						Coi	ntinue on next	Daae

H.

	gilalicy #2		¥4 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
H4-1.	Was this pregnancy before or after your RA symptoms began?	H4-3.	What was the baby's birth weight?				
	Before After		Less than 5 pounds 7.1 to 8.5 pound				
	O Belore O After		○ 5 to 5.5 pounds ○ 8.6 to 10 pound				
U4 0	What was the subsame of the sussame of		○ 5.6 to 7 pounds ○ More than 10 po				
M4-4,	What was the outcome of the pregnancy? (Mark all that apply)						
	~	H4-4.	What was the baby's gender?				
	<u>Civeborn</u>		○ Female ○ Male				
	Termination						
	○ Stillbirth	H4-5.	Number of weeks at delivery?				
	○ Twins		32 weeks or less (pre-term)				
	Minor or major birth defects:		○ 33-37 weeks				
			○ More than 37 weeks (full term)				
Pre	gnancy #3						
	Was this pregnancy before or after your	H5-3.	What was the baby's birth weight?				
	RA symptoms began?		C Less than 5 pounds 7.1 to 8.5 pound				
	☐ Before ☐ After		○ 5 to 5.5 pounds ○ 8.6 to 10 pound				
			○ 5.6 to 7 pounds ○ More than 10 po				
H5-2.	What was the outcome of the pregnancy?		•				
	(Mark all that apply)	H5-4.	What was the baby's gender?				
	○ Liveborn		○ Female ○ Male				
	○ Termination		<u> </u>				
	○ Stillbirth	H5-5.	Number of weeks at delivery?				
	O Twins		32 weeks or less (pre-term)				
	Minor or major birth defects:		33-37 weeks				
			More than 37 weeks (full term)				
			wore than 57 weeks (full term)				
Pre	gnancy #4						
H6-1.	Was this pregnancy before or after your	H6-3.	What was the baby's birth weight?				
	RA symptoms began?		\bigcirc Less than 5 pounds \bigcirc 7.1 to 8.5 pound				
	○ Before ○ After		○ 5 to 5.5 pounds ○ 8.6 to 10 pounds				
H6-2.			○ 5.6 to 7 pounds ○ More than 10 po				
	What was the outcome of the pregnancy?						
	(Mark all that apply)	H6-4.	What was the baby's gender?				
	○ Liveborn		○ Female				
	Termination						
	○ Stillbirth	H6-5.	Number of weeks at delivery?				
	○ Twins		32 weeks or less (pre-term)				
	Minor or major birth defects:		33-37 weeks				
			More than 37 weeks (full term)				
Preg	gnancy #5						
i7-1.	Was this pregnancy before or after your	H7-3.	What was the baby's birth weight?				
	RA symptoms began?		○ Less than 5 pounds ○ 7.1 to 8.5 pound				
	○ Before ○ After		5 to 5.5 pounds 8.6 to 10 pounds				
			○ 5.6 to 7 pounds ○ More than 10 po				
1 7-2.	What was the outcome of the pregnancy?		O more than to be				
ı	(Mark all that apply)	H7-4	What was the baby's gender?				
	○ Liveborn	4.	Female Male				
	○ Termination		O I Citiale O IVIAIR				
	Stillbirth	U7 E	Number of weeks at deliver-				
	○ Twins	n <i>i</i> -3.	Number of weeks at delivery?				
	\ / 1771163		32 weeks or less (pre-term)				
			- 00 07 · · · ·				
	Minor or major birth defects:		○ 33-37 weeks○ More than 37 weeks (full term)				