Study #021 Plate #050 Seq #003

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐

Today's Date ☐☐ ☐☐ ☐☐
day month year

Baseline Medical History Questionnaire

MEDICAL HISTORY

Do you currently have a diagnosis (made by a physician) of any of the following (if you do not recognize the name of any of the following conditions, you most likely have never been diagnosed with it):

Questions 3 - 17: Use summary variable (derived variable) "**other_ai**". Where Yes = self-reported at least one systemic autoimmune disease.

		yes	*no*
bm1	1. Type 1 Diabetes (Insulin dependent)	1	2
bm2	2. Type 2 Diabetes (Non-insulin dependent)	1	2
bm3	3. Multiple Sclerosis	1	2
bm4	4. Behçet's Disease	1	2
bm5	5. Psoriasis	1	2
bm6	6. Myasthenia Gravis	1	2
bm7	7. Vitiligo	1	2
bm8	8. Pemphigus Vulgaris	1	2
bm9	9. Ulcerative Colitis	1	2
bm10	10. Crohn's Disease	1	2
bm11	11. Wegener's Granulomatosis	1	2
bm12	12. Discoid Lupus	1	2
bm13	13. Ankylosing Spondylitis	1	2
bm14	14. Pernicious or Hemolytic Anemia	1	2
bm15	15. Graves' Disease	1	2
bm16	16. Hashimoto's Thyroiditis	1	2
bm17	17. Reiter's Syndrome	1	2

Study #021 Plate #051 Seq #003

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐

Today's Date ☐☐ ☐☐ ☐☐ (day month year)

Baseline Medical History Questionnaire
Page 2 of 6

SYSTEMS REVIEW

Please indicate whether or not the following symptoms have significantly affected you in the last year (symptoms occurring at a greater frequency or severity than you would expect for your age):

		yes	no
Constitutional			
bm18	18. Unintentional weight loss over 10 pounds/4.5 kilograms in the last year	1	2
Ears, Nose and Throat			
bm19	19. Ringing in ears	1	2
bm20	20. Loss of hearing	1	2
bm21	21. Nosebleeds	1	2
bm22	22. Loss of smell	1	2
bm23	23. Dryness in nose	1	2
bm24	24. Loss of taste	1	2
bm25	25. Hoarse voice without a cold	1	2
Respiratory			
bm26	26. Frequent coughing without a cold	1	2
bm27	27. Coughing of blood	1	2
bm28	28. Wheezing (asthma)	1	2
bm29	29. An abnormal chest x-ray	1	2
bm30	30. Shortness of breath	1	2
bm31	31. Awakening at night with shortness of breath	1	2

Study #021 Plate #052 Seq #003

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐ **Today's Date** ☐☐ ☐☐ ☐☐ (day month year)

Baseline Medical History Questionnaire
Page 3 of 6

Please indicate whether or not the following symptoms have significantly affected you in the last year (symptoms occurring at a greater frequency or severity than you would expect for your age):

		yes	no
bm32	32. Discomfort, pressure, a tight feeling, or pain in the chest	1	2
bm33	33. Cramps in your legs while walking	1	2

Gastrointestinal

		yes	no
bm34	34. Nausea	1	2
bm35	35. Vomiting of blood or coffee ground material	1	2
bm36	36. Frequent or severe heartburn	1	2
bm37	37. Stomach pain relieved by food or milk	1	2
bm38	38. Jaundice	1	2
bm39	39. Increasing constipation	1	2
bm40	40. Persistent diarrhea	1	2
bm41	41. Blood in stools	1	2

Genitourinary

		yes	no
bm42	42. Getting up at night to pass urine	1	2

Musculoskeletal

		yes	no
bm43	43. Joint stiffness in the morning, lasting for more than one hour	1	2
bm44	44. Joint pain or joint swelling	1	2
bm45	45. Unexplained pain in many areas of both your upper and lower body and both your right and left sides that lasted 3 months or more	1	2

Study #021 Plate #053 Seq #003

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐ **Today's Date** ☐☐ ☐☐ ☐☐ (day month year)

Baseline Medical History Questionnaire
Page 4 of 6

Please indicate whether or not the following symptoms have significantly affected you in the last year (symptoms occurring at a greater frequency or severity than you would expect for your age):

Skin

		yes	no
bm46	46. Easy bruising	1	2
bm47	47. Redness	1	2
bm48	48. Rash	1	2
bm49	49. Hives (itchy welts caused by allergic reaction)	1	2
bm50	50. Sun sensitivity (significant rash after sun exposure, but not sun burn)	1	2
bm51	51. Tightness	1	2
bm52	52. Hair loss	1	2
bm53	53. Color changes of fingers or toes when exposed to the cold (Raynaud's)	1	2

Neurological

		yes	no
bm54	54. Dizziness	1	2
bm55	55. Memory loss	1	2
bm56	56. Recurring severe headaches	1	2
bm57	57. Fainting or blackout spells	1	2

Upper Limbs

Do you experience these symptoms to an abnormal degree in one or both sides of your body?

		yes	no
bm58	58. Weakness of hands (e.g. to zip, button, handle coins, manipulate a key, or other hand weakness)	1	2
bm59	59. Weakness of fingers when clasping or grasping objects	1	2

Study #021 Plate #054 Seq #003

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐ **Today's Date** ☐☐ ☐☐ ☐☐ (day / month / year)

Baseline Medical History Questionnaire
Page 5 of 6

Please indicate whether or not the following symptoms have significantly affected you in the last year (symptoms occurring at a greater frequency or severity than you would expect for your age):

		yes	no
bm60	60. Weakness of shoulders and upper arms, for example, to lift objects from a high shelf, to comb your hair, or to bring your hands to your face as in washing or eating	1	2

Lower Limbs

Do you experience these symptoms to an abnormal degree in one or both sides of your body?

		yes	no
bm61	61. Weakness of the legs so that you slap your feet in walking or cannot carry your weight on your heels	1	2
bm62	62. Weakness of the legs so that you cannot walk on your toes or forefoot	1	2
bm63	63. Weakness of your thighs and hips so that you have difficulty (or inability) to climb or descend stairs, arise from a chair, sofa or toilet seat, and in these acts need to use your arms	1	2

Sensory Symptoms

Do you experience these symptoms in one region or over the surface of your body to an abnormal degree? Do not include the brief symptoms of "prickling" or "asleep numbness" and discomfort which come from lying too long on an arm, or sitting or lying too long in one position on a leg.

		yes	no	
bm64	64. Decrease (or inability) to feel the surface features, size, shape, or texture of what you touch	1	2	→ ***Go to item 65***

64a. **Mark all that apply:**

bm64a_le ☐ In legs (feet are included) bm64a_mo ☐ In mouth, face, or head

bm64a_ar ☐ In arms (hands are included) bm64a_ot ☐ In other parts of the body

		yes	no	
bm64	65. Decrease (or inability) to recognize hot from cold	1	2	→ ***Go to item 66***

65a. **Mark all that apply:**

bm65a_le ☐ In legs (feet are included) bm65a_mo ☐ In mouth, face, or head

bm65a_ar ☐ In arms (hands are included) bm65a_ot ☐ In other parts of the body

Study #021 Plate #055 Seq #003

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐ **Today's Date** ☐☐ day ☐☐ month ☐☐ year

Baseline Medical History Questionnaire
Page 6 of 6

Please indicate whether or not the following symptoms have significantly affected you in the last year (symptoms occurring at a greater frequency or severity than you would expect for your age):

bm66 66. Decrease (or inability) to feel pain, cuts, bruises, or injuries . . . . . *yes* ☐1 *no* ☐2 → ***Go to item 67***

66a. **Mark all that apply**:

bm66a_le ☐ In legs (feet are included) bm66a_mo ☐ In mouth, face, or head

bm66a_ar ☐ In arms (hands are included) bm66a_ot ☐ In other parts of the body

bm67 67. A more or less continuous "prickling" or "tingling" feeling with or without an asleep dead feeling . . . . . *yes* ☐1 *no* ☐2 → ***Go to item 68***

67a. **Mark all that apply**:

bm67a_le ☐ In legs (feet are included) bm67a_mo ☐ In mouth, face, or head

bm67a_ar ☐ In arms (hands are included) bm67a_ot ☐ In other parts of the body

bm68 68. Sharp "jabbing" needle-like pain or pulses of pain (lasting seconds or a minute or two) . . . . . *yes* ☐1 *no* ☐2 → ***Go to item 69***

68a. **Mark all that apply**:

bm68a_le ☐ In legs (feet are included) bm68a_mo ☐ In mouth, face, or head

bm68a_ar ☐ In arms (hands are included) bm68a_ot ☐ In other parts of the body

bm69 69. Persistent or frequent burning discomfort . . . . . *yes* ☐1 *no* ☐2 → ***End of Questionnaire***

69a. **Mark all that apply**:

bm69a_le ☐ In legs (feet are included) bm69a_mo ☐ In mouth, face, or head

bm69a_ar ☐ In arms (hands are included) bm69a_ot ☐ In other parts of the body

CLINIC USE ONLY

bm70 70. Was this questionnaire administered by study staff? . . . . . *yes* ☐1 *no* ☐2

 Staff Initials ☐☐☐ Staff Signature and Date _____ 1.03