



Study #021

Plate #136

Seq #003

Participant ID #   -     -

Today's Date        
day month year

### Baseline Rheumatoid Arthritis (RA) Diagnosis Confirmation Form

For each of the following criteria, indicate whether the candidate has the condition:

- |             |  | yes                    | no                     |
|-------------|--|------------------------|------------------------|
| <b>brd1</b> | 1. Morning stiffness . . . . .                 | <input type="text"/> 1 | <input type="text"/> 2 |
| <b>brd2</b> | 2. Arthritis of three or more joints . . . . . | <input type="text"/> 1 | <input type="text"/> 2 |
| <b>brd3</b> | 3. Arthritis of hand joints . . . . .          | <input type="text"/> 1 | <input type="text"/> 2 |
| <b>brd4</b> | 4. Symmetric arthritis. . . . .                | <input type="text"/> 1 | <input type="text"/> 2 |
| <b>brd5</b> | 5. Rheumatoid nodules . . . . .                | <input type="text"/> 1 | <input type="text"/> 2 |
| <b>brd6</b> | 6. Serum rheumatoid factor. . . . .            | <input type="text"/> 1 | <input type="text"/> 2 |
| <b>brd7</b> | 7. Radiographic changes. . . . .               | <input type="text"/> 1 | <input type="text"/> 2 |

- |              |   | yes   | no                     |
|--------------|---|---|------------------------|
| <b>brd8</b>  | 8. Does the participant meet ACR criteria for Rheumatoid Arthritis? . . . . . | <input type="text"/> 1                        | <input type="text"/> 2 |
|              |   |   | ↙ <b>Go to item 9</b>  |
| <b>brd8a</b> | 8a. Year of RA diagnosis: . . . . .   | <input type="text"/> n <input type="text"/> n |                        |

- brd9** 9. Physician Confirmation of RA Diagnosis form completed by:
- 1 Rheumatologist     2 Orthopedist     3 Internist
- 4 Other; specify: **prd9\_sp** \_\_\_\_\_