



Study #021
DFStudy21

Plate #080
DFPlate080

Seq #003
DFSeq003

Participant ID # - -
id_080

Visit Date
day month year
v_date_080

Baseline Rheumatologic Examination - Page 1 of 3

- | | | | | |
|------|--|--|---|----------------|
| | | yes | no | |
| br1 | 1. Is there evidence of Graves' ophthalmopathy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| br2 | 2. Is scleral icterus present? | <input type="checkbox"/> | <input type="checkbox"/> | |
| br3 | 3. Is enlargement palpable in the thyroid gland? | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 4 |
| br3a | 3a. Type of enlargement. Mark one. | | | |
| | <input type="checkbox"/> Diffuse | <input type="checkbox"/> Single Nodule | <input type="checkbox"/> Multiple Nodules | |

Is there evidence of swelling or tenderness, consistent with synovitis, in the following joints?


- | | | | | |
|------|---------------------|--------------------------|--------------------------|----------------|
| | | yes | no | |
| br4 | 4. PIP joints | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 5 |
| br4a | 4a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| br5 | 5. MCP joints | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 6 |
| br5a | 5a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| br6 | 6. Wrists | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 7 |
| br6a | 6a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| br7 | 7. Elbows | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 8 |
| br7a | 7a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |

8. Is there evidence of joint capsule enlargement or deformity in the following joints:

- | | | | |
|------|----------------------|--------------------------|--------------------------|
| | | yes | no |
| br8a | 8a. PIP joints | <input type="checkbox"/> | <input type="checkbox"/> |
| br8b | 8b. MCP joints | <input type="checkbox"/> | <input type="checkbox"/> |
| br8c | 8c. Wrists | <input type="checkbox"/> | <input type="checkbox"/> |
| br8d | 8d. Elbows | <input type="checkbox"/> | <input type="checkbox"/> |

8x. Is there evidence of bony enlargement in the following joints:

- | | | | |
|-------|--|--------------------------|--------------------------|
| br8xa | 8xa. PIP joints (consistent with Bouchard nodes) | <input type="checkbox"/> | <input type="checkbox"/> |
| br8xb | 8xb. DIP joints (consistent with Heberden nodes) | <input type="checkbox"/> | <input type="checkbox"/> |

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9. Is there evidence in one or more fingers of:
- | | yes | no |
|--|--|--|
| br9a 9a. Sclerodactyly | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
| br9b 9b. Dactylitis (sausage-like swelling) | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
10. Does the patient have signs consistent with Raynaud's phenomenon?
- | | yes | no |
|---|--|--|
| br10 10. Does the patient have signs consistent with Raynaud's phenomenon? | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
11. Is there evidence in one or more fingers of:
- | | yes | no |
|---|--|--|
| br11a 11a. Dilated capillary loops, apparent without magnification | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
| br11b 11b. Nail fold infarcts | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
- br12** 12. Are subcutaneous rheumatoid nodules present?
- | | | |
|--|--|--|
| | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
|--|--|--|
- br13** 13. Is enlargement of the spleen detectable by percussion and palpation?
- | | | |
|--|--|--|
| | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
|--|--|--|
- br14** 14. Is enlargement of the liver detectable by percussion and palpation?
- | | | |
|--|--|--|
| | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
|--|--|--|
- Is palpable lymphadenopathy present in any of the following locations?
- | | yes | no |
|-----------------------------------|--|---|
| br15 15. Cervical | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> → Go to item 16 |
| br15a 15a. Bilateral | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
| br16 16. Axillary | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> → Go to item 17 |
| br16a 6a. Bilateral | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |
| br17 17. Inguinal | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> → Go to item 18 |
| br17a 17a. Bilateral | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> |

Study #021
DFStudy21

Plate #082
DFPlate082

Visit #003
DFSeq003

Participant ID # - -
id_082

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18. Are any of the following skin lesions present:

	yes	no	
br18a 18a. Malar rash	<input type="text" value="1"/>	<input type="text" value="2"/>	
br18b 18b. Discoid lesions	<input type="text" value="1"/>	<input type="text" value="2"/>	
br18c 18c. Mat telangiectasias (on the face or neck)	<input type="text" value="1"/>	<input type="text" value="2"/>	
br18d 18d. Psoriasis	<input type="text" value="1"/>	<input type="text" value="2"/>	
br19 19. Are skin lesions consistent with vasculitis present?	<input type="text" value="1"/>	<input type="text" value="2"/>	→ Go to item 20
br19a 19a. Petechiae	<input type="text" value="1"/>	<input type="text" value="2"/>	
br19b 19b. Purpura	<input type="text" value="1"/>	<input type="text" value="2"/>	
br19c 19c. Ulcer	<input type="text" value="1"/>	<input type="text" value="2"/>	
br19d 19d. Nodules	<input type="text" value="1"/>	<input type="text" value="2"/>	
br20 20. Are any features of connective tissue disease present that are not listed above?	<input type="text" value="1"/>	<input type="text" value="2"/>	→ Go to item 21

If yes, specify (using block letters in English):

	yes	no	
br21 21. Do the physical findings suggest a connective tissue disease?	<input type="text" value="1"/>	<input type="text" value="2"/>	→ Go to item 22

br21_sp If yes, specify which disease (using block letters in English):

	yes	no	
br22 22. Is there evidence to suggest an autoimmune or interstitial lung disease?	<input type="text" value="1"/>	<input type="text" value="2"/>	→ Go to Staff Initials

(Ask the patient if they have lung disease NOT related to smoking, asthma or an infection. Check for dry crackles on lung exam).

	yes	no	
br23 23. Has the patient been diagnosed by a physician with an autoimmune or interstitial lung disease?	<input type="text" value="1"/>	<input type="text" value="2"/>	→ If YES, complete Base-line Systemic Diagnoses Confirmation Form after contacting participant's physician