

 Study #021 DFstudy320	 Plate #320 DFplate320	 Seq #005 DFseq005
Participant ID # <span style="border: 1px solid black; padding: 2px;">n</span> <span style="border: 1px solid black; padding: 2px;">n</span> - <span style="border: 1px solid black; padding: 2px;">n</span> <span style="border: 1px solid black; padding: 2px;">n</span> <span style="border: 1px solid black; padding: 2px;">n</span> <span style="border: 1px solid black; padding: 2px;">n</span> - <span style="border: 1px solid black; padding: 2px;">n</span> <span style="border: 1px solid black; padding: 2px;">n</span> id_320	Visit Date <span style="border: 1px solid black; padding: 2px;">d</span> <span style="border: 1px solid black; padding: 2px;">d</span> <span style="border: 1px solid black; padding: 2px;">m</span> <span style="border: 1px solid black; padding: 2px;">m</span> <span style="border: 1px solid black; padding: 2px;">y</span> <span style="border: 1px solid black; padding: 2px;">y</span> day month year v_date320	

### Follow-up Data Checklist

#### Follow-up Forms

1. Mark and send forms that were completed

- fd1\_fq  Follow-up Questionnaire (FQ)
- fdl\_fm  Follow-up Medical History (FM)
- fd1\_fo  Follow-up Oral and Salivary Assessment Form (FO)
- fdl\_fe  Follow-up Eye Examination Form (FE)
- fdl\_fr  Follow-up Rheumatologic Examination (FR)
- fdl\_fb  Follow-up Blood/Saliva Collection Form (FB)
- fdl\_fc  Follow-up CBC with Differentials Results Form (FC)
- fdl\_fsd  Follow-up Systemic Diagnoses Confirmation Form (FSD)
- fdl\_fld  Follow-up Systemic Lupus Erythematosus Diagnosis Confirmation Form (FLD)
- fdl\_frd  Follow-up Rheumatoid Arthritis Diagnosis Confirmation Form (FRD)
- fdl\_df  Discontinuation Form (DF)

Follow-up Site

fup\_site

#### Drug Use

Indicate if the participant is currently taking the following classes of medications:

	yes	no
<b>fd2a</b> 2a. Anticholinergic drugs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2b</b> 2b. Thyroid replacement drugs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2c</b> 2c. Corticosteroids . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2d</b> 2d. NSAIDS . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2e</b> 2e. Alkylating agents . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2f</b> 2f. Antimetabolites . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2g</b> 2g. TNF alpha inhibitors . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2h</b> 2h. Other DMARDS . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2i</b> 2i. Antimalarials . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2j</b> 2j. Cholinomimetic drugs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2k</b> 2k. Anti- CD-20 (within the past 12 months) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>fd2l</b> 2l. Other immune modifying biological agents . . . . .	<input type="checkbox"/>	<input type="checkbox"/>