



Study #021

Plate #310

Seq #004

Participant ID #   -     -

Visit Date        
 day month year

**Follow-up Screening Questionnaire Update - Page 1 of 3**

Read "Introduction".

<b>fsq1</b>	1. Are you currently pregnant? .....	yes <input type="text"/> 1	no <input type="text"/> 2	not sure <input type="text"/> 3	→ <b>DEFER</b> Go to item 6
	2. I need to ask you about health conditions you currently have or have had in the past. Please answer yes or no after each condition I read. Since your last SICCA visit (approximately 2 years ago) have you been diagnosed with:				
<b>fsq2a</b>	2a. Rheumatoid Arthritis by a <u>rheumatologist</u> .....	yes <input type="text"/> 1	no <input type="text"/> 2	not sure <input type="text"/> 3	→ <b>Go to item 2b</b>
<b>fsq2ai</b>	2ai. SICCA Physician Confirmation of RA Diagnosis form received?	yes <input type="text"/> 1	no <input type="text"/> 2	Cannot obtain <input type="text"/> 3	
<b>fsq2b</b>	2b. Lupus (Systemic Lupus Erythematosus) .....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	→ <b>Go to item 2c</b>
<b>fsq2bi</b>	2bi. SICCA Physician Confirmation of SLE Diagnosis form received?	yes <input type="text"/> 1	no <input type="text"/> 2	Cannot obtain <input type="text"/> 3	
<b>fsq2c</b>	2c. Systemic Sclerosis (Scleroderma) or CREST .....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2d</b>	2d. Undifferentiated or Mixed Connective Tissue Disease.....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2e</b>	2e. Polymyositis or Dermatomyositis .....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2f</b>	2f. HIV disease or AIDS .....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2g</b>	2g. Hepatitis C .....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2h</b>	2h. Sarcoidosis.....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2i</b>	2i. Amyloidosis .....	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq2j</b>	2j. Graft versus Host Disease..... (after bone marrow transplantation for cancer treatment)	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	
<b>fsq3</b>	3. Do you currently have active tuberculosis?.....	yes <input type="text"/> 1	no <input type="text"/> 2	not sure <input type="text"/> 3	→ <b>DEFER</b> Go to item 6



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**fsq4** 4. Since your last SICCA study visit, have you had radiation therapy to your head or neck for cancer treatment?

yes no not sure

1 2 3

INELIGIBLE  
Go to item 6

**fsq5** 5. Do you currently wear contact lenses? .....

1 2

Go to item 6

**fsq5a** 5a. What type of contact lenses do you wear?

1 Hard contacts

2 Daily wear soft contacts

3 Extended wear soft contacts

**fsq5b** 5b. What is the average number of hours per day that you wear contact lenses?

1 1-6 hours per day

2 Greater than 6 hours per day

3 Not daily, only occasionally

**fsq5c** 5c. Are you willing to not wear your contact lenses for 7 days prior to your follow-up eye exam?

yes

no

1 2

Read "Wearing Contact Lenses" statement



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Eligibility Status:

6. Is the participant currently eligible for the Follow-Up Visit? . . . . .

	yes	no	deferred	
fsq6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Read "Conclusion 1-Deferred" and go to item 11</p> <p>Read "Conclusion 2-Ineligible" and go to item 11</p>

Since your last SICCA study visit, has a doctor told you that you had any of the following conditions?

	yes	no	not sure	
fsq7 7. Thyroid disease . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If YES to ANY, complete Follow-up Systemic Diagnoses Confirmation Form after contacting participant's physician</p>
fsq8 8. Liver disease . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
fsq9 9. Kidney disease . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
fsq10 10. Lymphoma . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If YES to 2ai or 2bi read "RA/SLE Physician Confirmation of Diagnosis"

If YES to ANY items 7-10, read "Diagnosis Confirmation of Other Conditions"

Read "Description of Follow-Up Visit" and then "Conclusion 3"

11. How was this interview conducted? . . . . .

	telephone	in person
fsq11	<input type="checkbox"/>	<input type="checkbox"/>

12. Date of final review of Follow-up Screening Questionnaire Update with participant:

	[ ][ ]	[ ][ ]	[ ][ ]
	dd	mm	yy