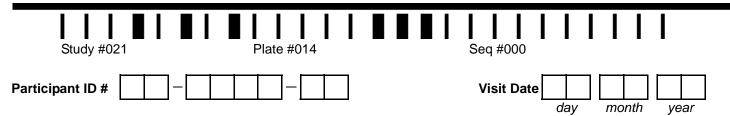


Participant Screening Questionnaire - Page 1 of 5

Re	ad "Introduction".				
1.	Are you 21 years of age or older?	yes 1	no 2		DEFER Go to item 1
2.	Are you currently pregnant?	yes	no 2	not sure	

3. I need to ask you about general health conditions you currently have or have had in the past.

Please answer yes or no after each condition I read. Have you ever been diagnosed with:					
<mark>ps3a-</mark> 3a.	Rheumatoid Arthritis by a <u>rheumatologist</u>	yes 1	<i>no</i>	not sure Go to item 3b	
ps3ai	3ai. SICCA Physician Confirmation of RA Diagnosis form received?	yes 1	no 2	Cannot obtain 3 NELIGIBLE	
<mark>ps3b</mark> 3b.	Lupus (Systemic Lupus Erythematosus)	1	2	Go to item 3c	
ps3bi	3bi. SICCA Physician Confirmation of SLE Diagnosis form received?	yes 1	no 2	Cannot obtain 3 NELIGIBLE	
ps3c 3c.	Systemic Sclerosis (Scleroderma) or CREST	1	2	3 INELIGIBLE	
<mark>ps3d </mark> 3d.	Undifferentiated or Mixed Connective Tissue Disease	1	2	3 ► INELIGIBLE	
<mark>ps3e </mark>	Polymyositis or Dermatomyositis	1	2	3 ► INELIGIBLE	
<mark>ps3f</mark> 3f.	HIV disease or AIDS	1	2	3 INELIGIBLE	
<mark>ps3g 3</mark> g.	Hepatitis C	1	2	3 INELIGIBLE INELIGIBLE	
<mark>ps3h</mark> 3h.	Sarcoidosis	1	2	3 INELIGIBLE INELIGIBLE	
<mark>ps3i</mark> 3i.	Amyloidosis	1	2	3 INELIGIBLE ■	
<mark>ps3j 3</mark> j.	Graft versus Host Disease	1	2	3 ► INELIGIBLE	
<mark>ps4</mark> 4. Do y	ou currently have active tuberculosis?	yes	no 2	not sure 3 ▶DEFER	



Participant Screening Questionnaire - Page 2 of 5

ps5_014 5.	Have you ever had radiation therapy to your head or neck for cancer treatment?	yes	no 2	not sure	► INELIGIBLE
<mark>ps6_014</mark> 6.	Were you referred to the Sjögren's Syndrome Registry by a physician, dentist, or other clinician who suspects you have Sjögren's syndrome?	yes	no 2	not sure	
ps7_014 7.	Have you ever been diagnosed with Sjögren's syndrome?	1	2	3	
ps7a_014	7a. At what age were you diagnosed? years	4	► Go t item		
ps8_014 8.	Does your mouth feel dry?	1	2	3	If ALL NO o
<mark>ps9_014</mark> 9.	Do you now have enlarged salivary glands (submandibular or parotid) or have they been enlarged in the past year?	1	2 ► Go t		NOT SURE, INELIGIBLE
ps9a_014	9a. Are they enlarged on both sides of your face?	1	item 2	3	
<mark>ps10_014</mark> 10.	Have you recently had frequent dental decay or cavities?	1	2	3	
<mark>ps11_014</mark> 11.	Do your eyes feel dry?	1	2	3	
<mark>ps12_014</mark>	Are you currently being treated with daily eye drops for glaucoma?	1	2	3	- INELIGIBLE
ps13_014 <mark>1</mark> 3.	Have you had corneal surgery in the last 5 years to correct your vision?	1	2	3	· INELIGIBLE

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Study #021	Plate #015	Seq #000			
Participant ID #		Visit Date day month year			
Participant Screening Questionnaire - Page 3 of 5					

<mark>ps14_015</mark> 14.	Have you had cosmetic surgery of	on your eyelids in the last 5 years?	yes no not sure 1 2 3 ► INELIGIBLE
<mark>ps15_015</mark> 15.	Do you currently wear contact le	nses?	. 1 2 Co to item 16
ps15a	15a. What type of contact lenses	s do you wear?	
	1 Hard contacts	2 Daily wear soft contacts	3 Extended wear soft contacts
ps15b	15b. What is the average number contact lenses?	er of hours per day that you wear	
	1 1-6 hours per day	2 Greater than 6 hours per day	3 Not daily, only occasionally
ps15c		pate in the registry as a potential ling to not wear your contact lenses for eye exam?	
16.	How did you hear about this stud	y? Mark all that apply.	
ps16_sj_015	Sjögren's syndrome clinic	Other doctor ps16_od_015	Support group/seminar ps16_su_015
ps16_de_015	Dentist	Website/internet ps16_we_015	Friend/relative ps16_fr_015
ps16_rh_015	Rheumatologist	Advertisement ps16_ad_015	Other ps16_ot_015
ps16_op_015	Ophthalmologist (eye doctor)	(conference, journal, etc.)	

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Staff Staff Initials

Staff Signature and Date