



Study #021

Plate #080

Seq #003

Participant ID # - -

Visit Date
day month year

Baseline Rheumatologic Examination - Page 1 of 3

- | | | | |
|--|--|---|-----------------------|
| | <i>yes</i> | <i>no</i> | |
| 1. Is there evidence of Graves' ophthalmopathy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Is scleral icterus present? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Is enlargement palpable in the thyroid gland? | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 4 |
| 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?

- | | | | |
|---|--------------------------|--------------------------|-----------------------|
| | <i>yes</i> | <i>no</i> | |
| 4. PIP joints | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 5 |
| 4a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. MCP joints | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 6 |
| 5a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Wrists | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 7 |
| 6a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Elbows | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 8 |
| 7a. Bilateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Is there evidence of joint capsule enlargement or deformity in the following joints: | <i>yes</i> | <i>no</i> | |
| 8a. PIP joints | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8b. MCP joints | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8c. Wrists | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8d. Elbows | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8x. Is there evidence of bony enlargement in the following joints: | | | |
| 8xa. PIP joints (consistent with Bouchard nodes) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8xb. DIP joints (consistent with Heberden nodes) | <input type="checkbox"/> | <input type="checkbox"/> | |



Study #021

Plate #081

Visit #003

Participant ID # [][] - [][][][] - [][]

Visit Date [][] [][] [][]
day month year

Baseline Rheumatologic Examination - Page 2 of 3

9. Is there evidence in one or more fingers of:

yes no

9a. Sclerodactyly

9b. Dactylitis (sausage-like swelling)

yes no

10. Does the patient have signs consistent with Raynaud's phenomenon?

11. Is there evidence in one or more fingers of:

yes no

11a. Dilated capillary loops, apparent without magnification

11b. Nail fold infarcts

12. Are subcutaneous rheumatoid nodules present?

13. Is enlargement of the spleen detectable by percussion and palpation?

14. Is enlargement of the liver detectable by percussion and palpation?

Is palpable lymphadenopathy present in any of the following locations?

yes no

15. Cervical → Go to item 16

15a. Bilateral

16. Axillary → Go to item 17

16a. Bilateral

17. Inguinal → Go to item 18

17a. Bilateral



Study #021

Plate #082

Visit #003

Participant ID # [][] - [][][][] - [][]

Visit Date [][] [][] [][]
day month year

Baseline Rheumatologic Examination - Page 3 of 3

18. Are any of the following skin lesions present:

- 18a. Malar rash *yes* *no*
- 18b. Discoid lesions *yes* *no*
- 18c. Mat telangiectasias (on the face or neck) *yes* *no*
- 18d. Psoriasis *yes* *no*

19. Are skin lesions consistent with vasculitis present?

- 19a. Petechiae *yes* *no*
- 19b. Purpura *yes* *no*
- 19c. Ulcer *yes* *no*
- 19d. Nodules *yes* *no*

Go to item 20

20. Are any features of connective tissue disease present that are not listed above?

yes *no* → Go to item 21

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

21. Do the physical findings suggest a connective tissue disease?

yes *no* → Go to item 22

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

22. Is there evidence to suggest an autoimmune or interstitial lung disease?

yes *no* → 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).

23. Has the patient been diagnosed by a physician with an autoimmune or interstitial lung disease?

yes *no*
If YES, complete Base-line Systemic Diagnoses Confirmation Form after contacting participant's physician