



Study #021

Plate #020

Seq #003

Participant ID # - -

Visit Date
day month year

Baseline Data Checklist

Baseline Forms

1. Mark and send forms that were completed

- Baseline Questionnaire (BQ)
- Baseline Medical History (BM)
- Baseline Oral and Salivary Assessment Form (BO)
- Baseline Eye Examination Form (BE)
- Baseline Rheumatologic Examination (BR)
- Baseline Blood/Saliva Collection Form (BB)
- Baseline CBC with Differentials Results Form (BC)
- Baseline Systemic Diagnoses Confirmation Form (BSD)
- Discontinuation Form (DF)

Drug Use

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

- | | <i>yes</i> | <i>no</i> |
|---|--------------------------|--------------------------|
| 2a. Anticholinergic drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Thyroid replacement drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Corticosteroids | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. NSAIDS | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Alkylating agents | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Antimetabolites | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. TNF alpha inhibitors | <input type="checkbox"/> | <input type="checkbox"/> |
| 2h. Other DMARDS | <input type="checkbox"/> | <input type="checkbox"/> |
| 2i. Antimalarials | <input type="checkbox"/> | <input type="checkbox"/> |
| 2j. Cholinomimetic drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2k. Anti- CD-20 | <input type="checkbox"/> | <input type="checkbox"/> |