



Study #021

Plate #020

Seq #003

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

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

Baseline Data Checklist

[] Relative Status

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:

- 2a. Anticholinergic drugs. [] yes [] no
2b. Thyroid replacement drugs [] yes [] no
2c. Corticosteroids [] yes [] no
2d. NSAIDS. [] yes [] no
2e. Alkylating agents [] yes [] no
2f. Antimetabolites [] yes [] no
2g. TNF alpha inhibitors [] yes [] no
2h. Other DMARDS [] yes [] no
2i. Antimalarials [] yes [] no
2j. Cholinomimetic drugs [] yes [] no
2k. Anti- CD-20 (within the past 12 months) [] yes [] no
2l. Other immune modifying biological agents [] yes [] no