



Study #021

Plate #133

Seq #003

Participant ID # - -

Today's Date
 day month year

Baseline Systemic Lupus Erythematosus (SLE) Diagnoses Confirmation Form

For each of the following criteria, indicate whether the candidate has the condition by marking the appropriate categories and sub-categories:

		yes	no
bld1	1. Malar rash	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld2	2. Discoid rash	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld3	3. Photosensitivity	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld4	4. Oral or nasopharyngeal ulcerations	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld5	5. Nonerosive arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld6	6. Serositis:	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6a. Mark all that apply		
bld6a_pl	<input type="checkbox"/> Pleuritis		
	<input type="checkbox"/> Pericarditis bld6a_pe		
bld7	7. Renal disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7a. Mark all that apply		
bld7a_pr	<input type="checkbox"/> Proteinuria >0.5 gm/24 hr.		
	<input type="checkbox"/> Casts (cellular or granular) bld7a_ca		
bld8	8. Neurologic disorder:	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	8a. Mark all that apply		
bld8a_se	<input type="checkbox"/> Seizures		
	<input type="checkbox"/> Psychosis bld7a_ps		
bld9	9. Hematologic disorder:	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	9a. Mark all that apply		
bld9a_he	<input type="checkbox"/> Hemolytic anemia		
	<input type="checkbox"/> Lymphopenia--2 or more times bld9a_ly		
bld9a_le	<input type="checkbox"/> Leukopenia--2 or more times		
	<input type="checkbox"/> Thrombocytopenia bld9a_th		
bld10	10. Immunologic disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10a. Mark all that apply		
	<input type="checkbox"/> Anti-DNA antibody bld10a_ad		
	<input type="checkbox"/> Anti-SM antibody bld10a_as		
	<input type="checkbox"/> Anti phospholipid antibody based on: bld10a_ap		
	<input type="checkbox"/> Positive lupus anticoagulant bld10a_po		
	<input type="checkbox"/> Abnormal IgG or IgM ACL antibody bld10a_ab		
	<input type="checkbox"/> False positive for syphilis bld10a_fa		
bld11	11. Antinuclear antibody	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld12	12. Does the participant meet ACR criteria for Systemic Lupus Erythematosus? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2
bld12a	12a. Year of SLE diagnosis:	<input type="text"/> <input type="text"/>	→ Go to item 13
bld13	13. Physician Confirmation of SLE Diagnosis form completed by:		
	<input type="checkbox"/> 1 Rheumatologist	<input type="checkbox"/> 2 Nephrologist	<input type="checkbox"/> 3 Internist
	<input type="checkbox"/> 4 Other; specify: bld13_sp _____		