



Study #021

Plate #433

Seq #005

Participant ID #   -     -

Today's Date        
 day month year

**Follow-up Systemic Lupus Erythematosus (SLE) Diagnoses Confirmation Form**

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

		yes	no
<b>f1d1</b>	1. Malar rash .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d2</b>	2. Discoid rash .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d3</b>	3. Photosensitivity .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d4</b>	4. Oral or nasopharyngeal ulcerations .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d5</b>	5. Nonerosive arthritis .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d6</b>	6. Serositis: .....	<input type="checkbox"/>	<input type="checkbox"/>
	6a. Mark all that apply		
<b>f1d6a_pl</b>	<input type="checkbox"/> Pleuritis		
<b>f1d6a_pe</b>	<input type="checkbox"/> Pericarditis		
<b>f1d7</b>	7. Renal disorder .....	<input type="checkbox"/>	<input type="checkbox"/>
	7a. Mark all that apply		
<b>f1d7a_pr</b>	<input type="checkbox"/> Proteinuria >0.5 gm/24 hr.		
<b>f1d7a_ca</b>	<input type="checkbox"/> Casts (cellular or granular)		
<b>f1d8</b>	8. Neurologic disorder: .....	<input type="checkbox"/>	<input type="checkbox"/>
	8a. Mark all that apply		
<b>f1d8a_se</b>	<input type="checkbox"/> Seizures		
<b>f1d8a_ps</b>	<input type="checkbox"/> Psychosis		
<b>f1d9</b>	9. Hematologic disorder: .....	<input type="checkbox"/>	<input type="checkbox"/>
	9a. Mark all that apply		
<b>f1d9a_he</b>	<input type="checkbox"/> Hemolytic anemia		
<b>f1d9a_ly</b>	<input type="checkbox"/> Lymphopenia--2 or more times		
<b>f1d9a_le</b>	<input type="checkbox"/> Leukopenia--2 or more times		
<b>f1d9a_th</b>	<input type="checkbox"/> Thrombocytopenia		
<b>f1d10</b>	10. Immunologic disorder .....	<input type="checkbox"/>	<input type="checkbox"/>
	10a. Mark all that apply		
<b>f1d10a_ad</b>	<input type="checkbox"/> Anti-DNA antibody		
<b>f1d10a_as</b>	<input type="checkbox"/> Anti-SM antibody		
<b>f1d10a_ap</b>	<input type="checkbox"/> Anti phospholipid antibody based on:		
<b>f1d10a_po</b>	<input type="checkbox"/> Positive lupus anticoagulant		
<b>f1d10a_ab</b>	<input type="checkbox"/> Abnormal IgG or IgM ACL antibody		
<b>f1d10a_fa</b>	<input type="checkbox"/> False positive for syphilis		
<b>f1d11</b>	11. Antinuclear antibody .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d12</b>	12. Does the participant meet ACR criteria for Systemic Lupus Erythematosus? ...	<input type="checkbox"/>	<input type="checkbox"/>
<b>f1d12a</b>	12a. Year of SLE diagnosis: .....	<input type="text"/>	<input type="text"/>
<b>f1d13</b>	13. Physician Confirmation of SLE Diagnosis form completed by:		
	<input type="checkbox"/> Rheumatologist	<input type="checkbox"/> Nephrologist	<input type="checkbox"/> Internist
	<input type="checkbox"/> Other; <i>specify:</i> _____		
	<b>f1d13_sp</b>		

Go to item 13