

 Study #021 DFStudy21	 Plate #380 DFPlate380	 Seq #005 DFSeq380
Participant ID # n n - n n n n - n n <div style="text-align: center; margin-top: 5px;">id_380</div>	Visit Date d d m m y y <div style="text-align: center; margin-top: 5px;"> day month year v_date_380 </div>	

Follow-up Rheumatologic Examination - Page 1 of 3

- | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| | yes | no | |
| 1. Is there evidence of Graves' ophthalmopathy? | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> | |
| 2. Is scleral icterus present? | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | |
| 3. Is enlargement palpable in the thyroid gland? | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | ➔ Go to item 4 |
| 3a. Type of enlargement. Mark one. | | | |
| br3a | <input checked="" type="checkbox"/> 1 | Diffuse | <input checked="" type="checkbox"/> 2 |
| | | Single Nodule | <input checked="" type="checkbox"/> 3 |
| | | Multiple Nodules | |

Is there evidence of swelling or tenderness, consistent with synovitis, in the following joints?

- | | | | |
|---|--------------------------|--------------------------|-----------------------|
| | yes | no | |
| 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: | | | |
| | yes | no | |
| 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
DFStudy21

Plate #382

Seq #005

Participant ID # - -

Visit Date
day month year

Follow-up Rheumatologic Examination - Page 3 of 3

18. Are any of the following skin lesions present:

- | | | |
|--|--------------------------|--------------------------|
| | yes | no |
| 18a. Malar rash | <input type="checkbox"/> | <input type="checkbox"/> |
| 18b. Discoid lesions | <input type="checkbox"/> | <input type="checkbox"/> |
| 18c. Mat telangiectasias (on the face or neck) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18d. Psoriasis | <input type="checkbox"/> | <input type="checkbox"/> |

19. Are skin lesions consistent with vasculitis present?

- | | | | |
|----------------------|--------------------------|--------------------------|-----------------|
| | yes | no | |
| 19a. Petechiae | <input type="checkbox"/> | <input type="checkbox"/> | → Go to item 20 |
| 19b. Purpura | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19c. Ulcer | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19d. Nodules | <input type="checkbox"/> | <input type="checkbox"/> | |

20. Are any features of connective tissue disease present that are not listed above? → Go to item 21

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

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

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

22. Is there evidence to suggest an autoimmune or interstitial lung disease? → 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? → If YES, complete Follow-up Systemic Diagnoses Confirmation Form after contacting participant's physician