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:

1. Malar rash: [ ] yes [ ] no
2. Discoid rash: [ ] yes [ ] no
3. Photosensitivity: [ ] yes [ ] no
4. Oral or nasopharyngeal ulcerations: [ ] yes [ ] no
5. Nonerosive arthritis: [ ] yes [ ] no
6. Serositis: [ ] yes [ ] no
   6a. Mark all that apply
      - Pleuritis [ ]
      - Pericarditis [ ]
7. Renal disorder: [ ] yes [ ] no
   7a. Mark all that apply
      - Proteinuria >0.5 gm/24 hr. [ ]
      - Casts (cellular or granular) [ ]
8. Neurologic disorder: [ ] yes [ ] no
   8a. Mark all that apply
      - Seizures [ ]
      - Psychosis [ ]
9. Hematologic disorder: [ ] yes [ ] no
   9a. Mark all that apply
      - Hemolytic anemia [ ]
      - Lymphopenia—2 or more times [ ]
      - Leukopenia—2 or more times [ ]
      - Thrombocytopenia [ ]
10. Immunologic disorder: [ ] yes [ ] no
    10a. Mark all that apply
        - Anti-DNA antibody [ ]
        - Anti-SM antibody [ ]
        - Anti phospholipid antibody based on:
          - Positive lupus anticoagulant [ ]
          - Abnormal IgG or IgM ACL antibody [ ]
          - False positive for syphilis [ ]
11. Antinuclear antibody: [ ] yes [ ] no
12. Does the participant meet ACR criteria for Systemic Lupus Erythematosus? [ ] yes [ ] no
12a. Year of SLE diagnosis: [ ]
13. Physician Confirmation of SLE Diagnosis form completed by:
    - [ ] Rheumatologist
    - [ ] Nephrologist
    - [ ] Internist
    - [ ] Other; specify: ____________________________

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