Follow-up Screening Questionnaire Update - Page 1 of 3

Read “Introduction”.

1. Are you currently pregnant? ................................. yes no not sure

2. I need to ask you about health conditions you currently have or have had in the past. Please answer yes or no after each condition I read. Since your last SICCA visit (approximately 2 years ago) have you been diagnosed with:

   2a. Rheumatoid Arthritis by a rheumatologist .................

   2ai. SICCA Physician Confirmation of RA Diagnosis form received? yes no Cannot obtain

   2b. Lupus (Systemic Lupus Erythematosus) .....................

   2bi. SICCA Physician Confirmation of SLE Diagnosis form received? yes no Cannot obtain

   2c. Systemic Sclerosis (Scleroderma) or CREST ................

   2d. Undifferentiated or Mixed Connective Tissue Disease.......

   2e. Polymyositis or Dermatomyositis ..........................

   2f. HIV disease or AIDS ...................................

   2g. Hepatitis C ............................................

   2h. Sarcoidosis ...........................................

   2i. Amyloidosis ...........................................

   2j. Graft versus Host Disease ..............................

   (after bone marrow transplantation for cancer treatment)

3. Do you currently have active tuberculosis? .................... yes no not sure
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fsq4  4. Since your last SICCA study visit, have you had radiation therapy to your head or neck for cancer treatment?  
   yes  no  not sure
   1   2   3
   INELIGIBLE
   Go to item 6

fsq5  5. Do you currently wear contact lenses? .................................  
   1   2
   Go to item 6

fsq5a  5a. What type of contact lenses do you wear?  
   1 Hard contacts  
   2 Daily wear soft contacts  
   3 Extended wear soft contacts

fsq5b  5b. What is the average number of hours per day that you wear contact lenses?  
   1 1-6 hours per day  
   2 Greater than 6 hours per day  
   3 Not daily, only occasionally

fsq5c  5c. Are you willing to not wear your contact lenses for 7 days prior to your follow-up eye exam?  
   yes  no
   1   2  
   Read “Wearing Contact Lenses” statement
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Eligibility Status:

6. Is the participant currently eligible for the Follow-Up Visit?  

7. Thyroid disease  
8. Liver disease  
9. Kidney disease  
10. Lymphoma  

If YES to ANY items 7-10, read “Diagnosis Confirmation of Other Conditions”

If YES to 2ai or 2bi read “RA/SLE Physician Confirmation of Diagnosis”

If YES to ANY items 7-10, read “Diagnosis Confirmation of Other Conditions”

Read “Description of Follow-Up Visit” and then “Conclusion 3”

11. How was this interview conducted?  

12. Date of final review of Follow-up Screening Questionnaire Update with participant:

Since your last SICCA study visit, has a doctor told you that you had any of the following conditions?

If YES to ANY, complete Follow-up Systemic Diagnoses Confirmation Form after contacting participant’s physician