CONFIDENTIAL

RHEUMATRY SLE REGISTRATION QUESTIONNAIRE

DEMOGRAPHIC INFORMATION:

National Code*:	**Date*:**	**Physician Name:**
Hospital Document ID:	**Research Center ID:**	**Rheumatry ID:**
First Name (EN)*:	**Last Name (EN)*:**	
Full Name in Local Language*:		
Gender*: M☐ F☐	**Date of Birth*:**	**Place of Birth:**

Address Type: Urban ☐ Rural☐

Province: ---------- **City:** ----------

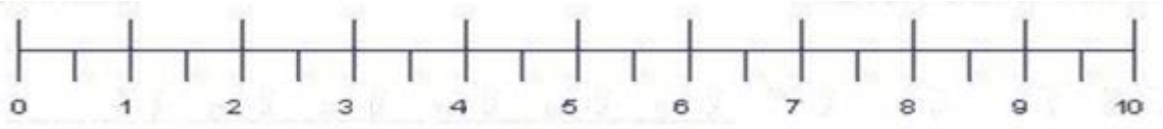
Address: ----------

Phone number*: ---------- **Mobile*:** ----------

E-mail Address: ----------

Job: ----------

Job Stress:



Physical Activity: Inactive☐ Mild☐ Moderate☐ Severe☐

Education: Illiterate☐ Read and Write☐ Primary School☐ Secondary School☐ High School☐ Diploma☐ Theological Studies☐ University Degree☐

If yes: Technician☐ BSc/BA☐ MSc/MA☐ MD☐ PhD☐ **Field:** ----------

Mother Ethnicity: Fars☐ Turk☐ Kurd☐ Lor☐ Gilak☐ Mazani☐ Baluch☐ Turkoman☐ Arab☐ Armenian☐ Zoroastrian☐ Christian☐ Jewish☐ Other: -------

Father Ethnicity: Fars☐ Turk☐ Kurd☐ Lor☐ Gilak☐ Mazani☐ Baluch☐ Turkoman☐ Arab☐ Armenian☐ Zoroastrian☐ Christian☐ Jewish☐ Other: -------

Marital Status: Single☐ Married☐ Widowed☐ Divorced☐

Blood Group: A☐ B☐ AB☐ O☐ Rh+☐ Rh-☐

Date of First Visit in the Center:

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PERSONAL HISTORY:

Smoking (1 Pipe = 2.5 Cigarettes)**:**

Non Smoker □	**Smoker** □	
Passive Smoker □	**Former** □ Date of Start: ---------- Date of Quit: ---------- Cigarettes/Day: ----------	**Current** □ Date of Start: ---------- Cigarettes/Day: ----------

Bubble Hubble: No□ Yes□

Alcohol: No□ Yes□ **If yes:** Daily□ 1-3/Week□ 1-4/Month□ Infrequently□

Type: ---------- Volume: --------- No. of Units: ----------

(A unit of alcohol is equivalent to a standard glass of beer (285ml), a single measure of spirits (30ml), a medium-sized glass of wine (120ml), or 1 measure of an aperitif (60ml)).

Illicit Drugs: No□ Yes□ **If yes:** Opium□ Hash□ Chrystal Meth□ Heroin□ Cocaine□ Marijuana□ Methadone□ Other: ----------

Allergy to Drugs: No□ Yes□ **Drug(s) Name:** ----------

Skin Color: Black□ Other than Black□ Type:----------

Date of Disease Onset: ---------- **Date of Diagnosis:** ----------

Place of Living at the Disease Onset: ----------

Poor Compliance to Medication: No□ Yes□

First Manifestation: Mucocutaneous□ Hematologic□ Musculoskeletal□ Serositis□ Reticuloendothelial□ Constitutional□ Renal□ Neurologic□ Cardiac□ Vascular□ Pulmonary□ Gastrointestinal□ Eye□ Immunologic□

Predisposing Factors (Before Disease Onset): No□ Yes□ **If yes please mark it:**

Type	No/Yes	Type	No/Yes
Familial Background	No□ Yes□	Immunological Disorders	No□ Yes□
Sun Exposure	No□ Yes□	Pregnancy	No□ Yes□
Psychological Stress	No□ Yes□	Physical Stress	No□ Yes□
Bacterial Infections	No□ Yes□	Viral Infections	No□ Yes□
Drugs	No□ Yes□	Surgery	No□ Yes□
Malignancy	No□ Yes□	Unknown	No□ Yes□
Other:			

Overlap Syndrome: No□ Yes□ **If yes please mark it:**

Type	No/Yes	Date	Type	No/Yes	Date
Antiphospholipid Syndrome	No□ Yes□		Seronegative Arthropathy	No□ Yes□	
Scleroderma	No□ Yes□		Vasculitis	No□ Yes□	
Rheumatoid Arthritis	No□ Yes□		Behcet Disease	No□ Yes□	
Sjogren	No□ Yes□		Hypothyroidism	No□ Yes□	
Polymyositis	No□ Yes□		Dermatomyosis	No□ Yes□	
Diabetes Mellitus	No□ Yes□		Hyperthyroidism	No□ Yes□	
MCTD	No□ Yes□		Multiple Sclerosis	No□ Yes□	
Ankylosing Spondylitis	No□ Yes□		Other:		

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PAST MEDICAL HISTORY: No□ Yes□ If yes please mark it:

Category	Abnormality	No/Yes	Date of Onset	Category	Abnormality	No/Yes	Date of Onset
Metabolic (Endocrine) Disorder	Amenorrhea	No□ Yes□		**GI**	Fatty Liver	No□ Yes□	
	Hypercholesterolemia	No□ Yes□			Peptic Ulcer	No□ Yes□	
	Hypertriglyceridemia	No□ Yes□			IBD	No□ Yes□	
	Diabetes Insipidus	No□ Yes□			IBS	No□ Yes□	
	Hyperthyroidism	No□ Yes□			Viral Hepatitis	No□ Yes□	
	Hypothyroidism	No□ Yes□			Other		
	Subacute Thyroiditis	No□ Yes□		**Lung**	Asthma	No□ Yes□	
	Cushingoid Appearance	No□ Yes□			Allergy	No□ Yes□	
	Diabetes	No□ Yes□			COPD	No□ Yes□	
	Hypogonadism	No□ Yes□			Bronchiectasis	No□ Yes□	
	Hypergonadism	No□ Yes□			TB	No□ Yes□	
	Other				ILD	No□ Yes□	
Cardiac (CAD)	CHF	No□ Yes□			PTE	No□ Yes□	
	Hypertension	No□ Yes□			Pneumonia	No□ Yes□	
	Palpitations	No□ Yes□			Other		
	IHD	No□ Yes□		**Eye**	Cataract	No□ Yes□	
	IHD- CABG	No□ Yes□			Glaucoma	No□ Yes□	
	IHD- MI	No□ Yes□			Conjunctivitis	No□ Yes□	
	IHD- Stent	No□ Yes□			Other		
	Other			**Skin**	Pyoderma	No□ Yes□	
Musculoskeletal	Osteoporosis	No□ Yes□			Erythema Nodosum	No□ Yes□	
	OA	No□ Yes□			Hives	No□ Yes□	
	Myopathy	No□ Yes□			Seborrheic Dermatitis	No□ Yes□	
	Aseptic Necrosis	No□ Yes□			Other		
	Osteomyelitis	No□ Yes□		**CNS**	CVA	No□ Yes□	
	Vitamin D Deficiency	No□ Yes□			Optic Neuritis	No□ Yes□	
	Septic Arthritis	No□ Yes□			MS	No□ Yes□	
	Other				NMO	No□ Yes□	
Hematologic	Anemia	No□ Yes□			Epilepsy	No□ Yes□	
	Transfusion	No□ Yes□			Other		
	Felty Syndrome	No□ Yes□		**Congenital Disorder**	No□ Yes □ **If yes,** Type: ----------		
	Other						
Malignancy	No□ Yes □ **If yes,** Type: ----------						
Bone Fracture	No□ Yes□ **If yes,** Location: ----------			**Vaccination (From one year ago)**	No□ Yes □ **If yes,** Type: ----------		

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COMORBIDITY: No□ Yes□ **If yes please mark it:**

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Metabolic (Endocrine) Disorder	Amenorrhea	No□ Yes□		**GI**	Fatty Liver	No□ Yes□	
	Hypercholesterolemia	No□ Yes□			Peptic Ulcer	No□ Yes□	
	Hypertriglyceridemia	No□ Yes□			IBD	No□ Yes□	
	Diabetes Insipidus	No□ Yes□			IBS	No□ Yes□	
	Hyperthyroidism	No□ Yes□			Viral Hepatitis	No□ Yes□	
	Hypothyroidism	No□ Yes□			Other		
	Subacute Thyroiditis	No□ Yes□		**Lung**	Asthma	No□ Yes□	
	Cushingoid Appearance	No□ Yes□			Allergy	No□ Yes□	
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	Hypogonadism	No□ Yes□			Bronchiectasis	No□ Yes□	
	Hypergonadism	No□ Yes□			TB	No□ Yes□	
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	Palpitations	No□ Yes□			Other		
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	IHD- CABG	No□ Yes□			Glaucoma	No□ Yes□	
	IHD- MI	No□ Yes□			Conjunctivitis	No□ Yes□	
	IHD- Stent	No□ Yes□			Other		
	Other			**Skin**	Pyoderma	No□ Yes□	
Musculoskeletal	Osteoporosis	No□ Yes□			Erythema Nodosum	No□ Yes□	
	OA	No□ Yes□			Hives	No□ Yes□	
	Myopathy	No□ Yes□			Seborrheic Dermatitis	No□ Yes□	
	Aseptic Necrosis	No□ Yes□			Other		
	Osteomyelitis	No□ Yes□		**CNS**	CVA	No□ Yes□	
	Vitamin D Deficiency	No□ Yes□			Optic Neuritis	No□ Yes□	
	Septic Arthritis	No□ Yes□			MS	No□ Yes□	
	Other				NMO	No□ Yes□	
Hematologic	Anemia	No□ Yes□			Epilepsy	No□ Yes□	
	Transfusion	No□ Yes□			Other		
	Felty Syndrome	No□ Yes□		**Congenital Disorder**	No□ Yes □ **If yes,** Type: ----------		
	Other						
Malignancy	No□ Yes □ **If yes,** Type: ----------						
Bone Fracture	No□ Yes□ **If yes,** Location: ----------						

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FAMILIAL HISTORY: No☐ Yes☐ **If yes please mark it:**

Disease	Mother	Father	Brother	Sister	Son	Daughter	Grand Mother		Grand Father		Aunt		Uncle		Niece	Nephew	Grand Child		Other
							Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal			Son	Daughter	
Rheumatic Diseases																			
RA																			
Sjogren																			
SLE																			
APS																			
AS																			
SpA																			
Reactive RA																			
Scleroderma																			
MCTD																			
Behcet's Disease																			
Vasculitis																			
Gout																			
PM																			
DM																			
Undifferentiated Arthritis																			
Non-Rheumatic Diseases																			
OA																			
OP																			
IBD																			
Hyperthyroidism																			
Hypothyroidism																			
Multiple Sclerosis																			
Type 1 Diabetes																			
Type 2 Diabetes																			
Atherosclerosis(Male< 60 Y and Female<50 Y)																			
Celiac Disease																			
Vitiligo																			
Primary HTN																			
Secondary HTN																			
Other																			

Twin: No☐ Yes☐

If Yes: Monozygotic☐ Dizygotic, Brother☐ Dizygotic, Sister☐

Does your twin Brother/Sister have autoimmune disease? No☐ Yes☐ **If yes, Type:** ----------

Consanguineous Marriage: No☐ Yes☐

If yes: Father and Mother ☐ Grandfather and Grandmother ☐ Patient and Spouse ☐

(First Degree☐ Second Degree☐) (First Degree☐ Second Degree☐) (First Degree☐ Second Degree☐)

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GENERAL EXAMINATION:

Temp: --------- **Pulse:** ----------

Blood Pressure (Right) (mmHg): ---------- **Blood Pressure (Left) (mmHg):** ---------

Height: -------- **(cm)** **Weight:** --------- **(kg)** **BMI:** ----------

MANIFESTATIONS:

CNS: No☐ Yes☐ **If yes please mark it:**

Abnormality	No/Yes	Date of Onset	Remark
Abnormal Movement	No☐ Yes☐		
Acute Confusional State	No☐ Yes☐		
Anxiety	No☐ Yes☐		
Aphasia	No☐ Yes☐		
Aseptic Meningitis	No☐ Yes☐		
Ataxia	No☐ Yes☐		
Autonomic Disorders	No☐ Yes☐		
Axonal Neuropathy	No☐ Yes☐		
Chorea	No☐ Yes☐		
Cranial Neuropathies	No☐ Yes☐		
CVA	No☐ Yes☐		
Dementia	No☐ Yes☐		
Depression	No☐ Yes☐		
Devic Syndrome	No☐ Yes☐		
Gillain-Barre	No☐ Yes☐		
Hemiballismus	No☐ Yes☐		
Intracranial Hemorrhage	No☐ Yes☐		
Lupus Headache	No☐ Yes☐		
Non-Lupus Headache	No☐ Yes☐		
Migraine Headache	No☐ Yes☐		
Mononeuritis Multiple	No☐ Yes☐		
MS Like	No☐ Yes☐		
Myasthenia Gravis	No☐ Yes☐		
Optic Neuritis	No☐ Yes☐		
Parkinsonian Like Rigidity	No☐ Yes☐		
Plexopathy	No☐ Yes☐		
PRESS	No☐ Yes☐		
Pseudotumor Cerebri	No☐ Yes☐		
Psychosis	No☐ Yes☐		
Seizures	No☐ Yes☐		
Sensorimotor Neuropathy	No☐ Yes☐		
Sensory Neuropathy	No☐ Yes☐		
Tension Headaches	No☐ Yes☐		
TIA	No☐ Yes☐		
Transvers Myelitis	No☐ Yes☐		

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Tremor	No□ Yes□		
Vasculitis	No□ Yes□		
MRI_White Matter Hyperintensity	No□ Yes□		
MRI_Cortical Atrophy	No□ Yes□		
Other	No□ Yes□		

CONSTITUTIONAL: No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Anorexia	No□ Yes□		
Fever	No□ Yes□		
Chills	No□ Yes□		
Weakness	No□ Yes□		
Weight Loss (10% Weight During 6 Months)	No□ Yes□		
Fatigue	No□ Yes□		
Other	No□ Yes□		

EYE: No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Cortical Blindness	No□ Yes□		
Cotton Wool	No□ Yes□		
Dry Eye	No□ Yes□		
Episcleritis	No□ Yes□		
Optic Nerve Atrophy	No□ Yes□		
Retinal Cytoid Body	No□ Yes□		
Retinal Hemorrhage	No□ Yes□		
Retinal Vasculitis	No□ Yes□		
Scleritis	No□ Yes□		
Anterior Uveitis	No□ Yes□		
Posterior Uveitis	No□ Yes□		
Other	No□ Yes□		

GI: No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Autoimmune Hepatitis	No□ Yes□		
Lower GI Bleeding	No□ Yes□		
Upper GI Bleeding	No□ Yes□		
Celiac	No□ Yes□		
Crohn's Disease	No□ Yes□		
Dyspepsia	No□ Yes□		
Dysphagia	No□ Yes□		
Non-SLE Ulcer	No□ Yes□		
Pancreatitis	No□ Yes□		
Peritonitis	No□ Yes□		

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PSC	No□ Yes□		
Pseudo Obstruction	No□ Yes□		
Ulcerative Colitis	No□ Yes□		
Vasculitic Ulcers	No□ Yes□		
Other	No□ Yes□		

CARDIOVASCULAR: No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Ischemic Heart Disease	No□ Yes□		
Libman Sack	No□ Yes□		
Heart Failure	No□ Yes□		
Myocarditis	No□ Yes□		
Pericardial Effusion	No□ Yes□		
Pericardial Pain	No□ Yes□		
Tamponed	No□ Yes□		
Valvular Abnormality	No□ Yes□		
Other	No□ Yes□		

HEMATOLOGY: No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Anemia of Chronic Disease	No□ Yes□		
Hemolytic Anemia	No□ Yes□		
Leukopenia	No□ Yes□		
Lymphopenia	No□ Yes□		
Thrombocytopenia	No□ Yes□		
TTP	No□ Yes□		
Other	No□ Yes□		

RETICULOENDOTHELIAL: No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Lymphadenopathy	No□ Yes□		
Hepatomegaly	No□ Yes□		
Splenomegaly	No□ Yes□		
Other	No□ Yes□		

PULMONARY (LUNG): No□ Yes□ If yes please mark it:

Abnormality	No/Yes	Date of Onset	Remark
Alveolar Hemorrhage	No□ Yes□		
ARDS	No□ Yes□		
Embolism (PTE)	No□ Yes□		
ILD	No□ Yes□		
Pleural Effusion	No□ Yes□		
Pleuretic Pain	No□ Yes□		

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LUPUS Pneumonitis	No□ Yes□		
Pulmonary HTN	No□ Yes□		
Shilothorax	No□ Yes□		
Shrinking Lung	No□ Yes□		
Other	No□ Yes□		

MUSCULOSKELETAL: No□ Yes□ **If yes please mark it:**

Abnormality	No/Yes	Date of Onset	Remark
Inflammatory Arthralgia	No□ Yes□		
Mechanical Arthralgia	No□ Yes□		
Arthritis	No□ Yes□		Monoarthritis□ Oligoarthritis□ Polyarthritis□
Articular Erosions	No□ Yes□		
AVN	No□ Yes□		Location: ----------
Chronic Arthritis	No□ Yes□		
Jacoud Arthropathy	No□ Yes□		
Myalgia	No□ Yes□		
Steroid Myopathy	No□ Yes□		
Myositis	No□ Yes□		
Osteoporosis	No□ Yes□		
Tendon Rupture	No□ Yes□		
Other	No□ Yes□		

GENITOURINARY: No□ Yes□ **If yes please mark it:**

Abnormality	No/Yes	Date of Onset	Remark
Erectile Dysfunction	No□ Yes□		
Infertility	No□ Yes□		
Impotency	No□ Yes□		
Vaginal Dryness	No□ Yes□		
Vaginal Bleeding	No□ Yes□		
Dyspareunia	No□ Yes□		
Post Coitus Vaginal Bleeding	No□ Yes□		
Decrease Sexual Desire	No□ Yes□		
Irregular Menses	No□ Yes□		
Menopause	No□ Yes□		
Dysuria	No□ Yes□		
Frequency	No□ Yes□		
Hesitancy	No□ Yes□		
Dribbling	No□ Yes□		
Hematuria	No□ Yes□		
BPH	No□ Yes□		
Other	No□ Yes□		

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RENAL: No☐ Yes☐ **If yes please mark it:**

Abnormality	No/Yes	Date of Onset	Remark
Edema	No☐ Yes☐		
HTN (>140/90)	No☐ Yes☐		
RPGN	No☐ Yes☐		
GFR [=186 × (Serum Cretinine mg/dL)$^{-1.164}$ × (Age Yrs)$^{-0.203}$]	Score:		Normal GFR (>90)☐ Mild CRF (60-89)☐ Moderate CRF (30-59)☐ Severe CRF (15-29)☐ ESRD (<15 or Dialysis)☐
Nephritic Syndrome	No☐ Yes☐		
Nephrotic Syndrome	No☐ Yes☐		
Doubling Proteinuria	No☐ Yes☐		
Complete Remission (Pruria< 300 mg/d & or Normal serum Cr)	No☐ Yes☐		
Partial Remission (Pruria 50% reduction in baseline pruria) or Pruria< 3 gr/d & ≤25% increase in serum Cr)	No☐ Yes☐		
Relapse (Increase in pruria by more than 2 gr/d, Active urine sediment Or Increase in serum Cr > 30%)	No☐ Yes☐		
Tubulointerst Lesion	No☐ Yes☐		
Crescent Formation	No☐ Yes☐		
Glomerular Sclerose	No☐ Yes☐		
Fibrinoid Necrosis	No☐ Yes☐		
Kidney Biopsy	No☐ Yes☐		
Class I (Minimal mesangial)	No☐ Yes☐		
Class II (Mesangial proliferative)	No☐ Yes☐		
Class III (Focal lupus nephritis)	No☐ Yes☐		
1. Class III (A)	No☐ Yes☐		
2. Class III (A/C)	No☐ Yes☐		
3. Class III (C)	No☐ Yes☐		
Class IV	No☐ Yes☐		
1. Class IV-S (A)	No☐ Yes☐		
2. Class IV-G (A)	No☐ Yes☐		
3. Class IV-S (A/C)	No☐ Yes☐		
4. Class IV-S (C)	No☐ Yes☐		
5. Class IV-G (C)	No☐ Yes☐		
Class V	No☐ Yes☐		
Class VI	No☐ Yes☐		
Activity Score (1-24)	Score:		
Chronicity Score (1-12)	Score:		
Other	No☐ Yes☐		

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MUCOCUTANEOUS: No□ Yes□ **If yes please mark it:**

Abnormality	No/Yes	Date of Onset	Remark
Xerostomia	No□ Yes□		
Alopecia (Scarring)	No□ Yes□		
Alopecia (Nonscarring)	No□ Yes□		
Bullous Lupus	No□ Yes□		
Calcinosis	No□ Yes□		
Chillblains Lupus	No□ Yes□		
Contact Dermatitis	No□ Yes□		
DLE (Generalized)	No□ Yes□		
DLE (Localized)	No□ Yes□		
Ecchymosis	No□ Yes□		
Erythema Nodosum	No□ Yes□		
Non-Specific Erythema	No□ Yes□		
Hypertrophic (Verrucous) Lupus	No□ Yes□		
Hypo/ Hyperpigmentation	No□ Yes□		
Itching	No□ Yes□		
LE Tumidus	No□ Yes□		
Lichen Planus	No□ Yes□		
Livedoreticularis	No□ Yes□		
Lupus Panniculitis (Profundus)	No□ Yes□		
Maculopapular Lupus Rash	No□ Yes□		
Malar Rash	No□ Yes□		
Nasal Ulcers	No□ Yes□		
Nail Change	No□ Yes□		
Oral Ulcers	No□ Yes□		
Palmar Vascular Rash (Lupus Hand)	No□ Yes□		
Palpable Purpura	No□ Yes□		
Pemphigus	No□ Yes□		
Periungual Erythema	No□ Yes□		
Photosensitive Lupus Rash	No□ Yes□		
SCLE (Annular Polycyclic)	No□ Yes□		
SCLE (Psoriasiform)	No□ Yes□		
Splinter Hemorrhage	No□ Yes□		
Stria	No□ Yes□		
Subcutaneous Nodula	No□ Yes□		
Toxic Epidermal Necrolysis	No□ Yes□		
Ulcer	No□ Yes□		
Urticaria	No□ Yes□		
Urticarial Vasculitis	No□ Yes□		
Psoriasis	No□ Yes□		
Other	No□ Yes□		

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VASCULAR: No□ Yes□ If yes please mark it:

Type		No/Yes	Date of Onset	Remark
Venous Thrombosis	Deep Vein Thrombosis (DVT)	No□ Yes□		
	Upper Extremity Thrombosis	No□ Yes□		
	Budd-Chiari Syndrome	No□ Yes□		
	Portal Vein Thrombosis	No□ Yes□		
	Renal Vein Thrombosis	No□ Yes□		
	Cerebral Venous Sinus Thrombosis	No□ Yes□		
	Jugular Vein Thrombosis	No□ Yes□		
	SVC	No□ Yes□		
	IVC	No□ Yes□		
	Other Sites	No□ Yes□		
Arterial Thrombosis	Stroke	No□ Yes□		
	Myocardial Infarction	No□ Yes□		
	Limb Ischemia	No□ Yes□		
	Thoracic Aorta	No□ Yes□		
	Abdominal Aorta	No□ Yes□		
	Other Sites	No□ Yes□		
Raynaud Phenomenon		No□ Yes□		

PREGNANCY: No□ Yes□ If yes please mark it:

Gravid: **Para:** **Abortion:**

Disease activity at conception time:
Inactive□ Mild Active□ Moderate Active□ Severe Active□
Duration of inactivity before pregnancy: < 6 months□ 6-12 months□ >12 months□ Unknown□

Immunologic Results Before Pregnancy: Positive anti-Ro□ Positive aPL□

Pregnancy History:
ABO Mismatch□ Chorioamnionitis□
Gestational DM□ Gestational HTN□
Preeclampsia□ HELLP Syndrome□
Twin Pregnancy□ Spontaneous Abortion□
Therapeutic Abortion□ Stillbirth□
Preterm Labor□ Post Term Pregnancy□ Eclampsia□

Date of Delivery:

Delivery History: NVD□ C/S□

Infant History:
LBW□ IUGR□ Congenital Fetal Defect□
Fetal Heart Block□ Infant Lupus□

Sex of Infant: Male□ Female□

Weight of Infant:

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SURGERY: No□ Yes□ **If yes please mark it:**

Type	No/Yes	Date	Remark
Non SLE related	No□ Yes□		
SLE related	No□ Yes□		
Other	No□ Yes□		

HOSPITALIZED: No□ Yes□ **If yes please mark it:**

Type	No/Yes	Date	Remark
Hospitalized Flare	No□ Yes□		
Hospitalized Infection	No□ Yes□		
Hospitalized at Disease Onset	No□ Yes□		
Other	No□ Yes□		

INFECTION: No□ Yes□ **If yes please mark it:**

Type	No/Yes	Date	Remark
CNS Infection	No□ Yes□		
Endocarditis Infection	No□ Yes□		
GI Infection	No□ Yes□		
GU Infection	No□ Yes□		
HBV Infection	No□ Yes□		
HCV Infection	No□ Yes□		
HIV Infection	No□ Yes□		
HSV Infection	No□ Yes□		
HZV Infection	No□ Yes□		
Lung Infection	No□ Yes□		
Septicemia Infection	No□ Yes□		
Skin Infection	No□ Yes□		
UTI Infection	No□ Yes□		
Other	No□ Yes□		

MALIGNANCY: No□ Yes□ **If yes please mark it:**

Type	No/Yes	Date	Remark
Brain Malignancy	No□ Yes□		
Breast Malignancy	No□ Yes□		
GI Malignancy	No□ Yes□		
Lung Malignancy	No□ Yes□		
Lymphoproliferative Malignancy	No□ Yes□		
MDS Malignancy	No□ Yes□		
Ovary Malignancy	No□ Yes□		
Skin Malignancy	No□ Yes□		
Uterus Malignancy	No□ Yes□		
Other	No□ Yes□		

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EYE EXAMINATION FOR ANTIMALARIAL DRUGS:

Vision	Left: --------- Right: ---------
Cornea	Punctate to Linear Opacities□ Vortex Keratopathy□ Bull's Eye□
Retina	Atrophy□ Abnormal Pigmentation□ Loss of Foveal Reflex□
Remark	Continue Antimalarial Drugs□ Lower Dose of Antimalarial Drugs□ Discontinue Antimalarial Drugs□

Comment: ----------

---------- **Date:** ----------

PARACLINIC EXAMINATION:

PULMONARY FUNCTION TEST: No□ Yes□

PFT	**Actual**	**Predicted (%)**
FEV1		
FVC		
FEV1/FVC		
MEF25-75		
MEFR		
Body Box	**Actual**	**Predicted (%)**
FEV1		
FVC		
FEV1/FVC		
MEF25-75		
TLC		
Raw		
SRaw		
TGV		
RV		
RV/TLC		
DLCO	**Actual**	**Predicted (%)**
TLC		
DLCO		
KCO		

Result: ----------

Specialist: ----------**Date:** ----------

CHEST CT-SCAN: No□ Yes□

Abnormality	**No/Yes**	**Date of Onset**	**Remark**
Lymphadenopathy	No□ Yes□		
Mass in Lung	No□ Yes□		
Nodule	No□ Yes□		

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Pleural Effusion	No□ Yes□		Size: ---------- Unilateral □ Bilateral □
Pleural Thickening	No□ Yes□		
Shrinking Lung	No□ Yes□		
Pleural Fibrosis	No□ Yes□		
Pulmonary Infarction	No□ Yes□		
Calcification	No□ Yes□		
Bronchiectasia Tractional	No□ Yes□		
ILD	No□ Yes□		--------- % Reticular Pattern □ Bronchiectasia □ Honeycomb □
Ground Glass	No□ Yes□		≥20%□ <20%□
Alveolitis	No□ Yes□		Grade I□ II□ III□
Honeycombing	No□ Yes□		
Fibrotic Change	No□ Yes□		
Esophageal Dilatation	No□ Yes□		
Lupus Pneumonitis	No□ Yes□		

Pathology Result: ----------

---.

Specialist: ---------- **Date:** ---------- **PAX Number:** ---------- **Place:** ----------

ECHOCARDIOGRAPHY: No□ Yes□

Abnormality	No/Yes	Date of Onset	Remark
Pericardial Effusion	No□ Yes□		
Diastolic Dysfunction	No□ Yes□		Grade: 1□ 2□ 3□ 4□
EF	No□ Yes□		Amount*: ------- (%)
PHTN	No□ Yes□		PAP Score*: -----
eRVSP	No□ Yes□		
TRJ	No□ Yes□		
RV Dilation	No□ Yes□		
TR	No□ Yes□		Mild□ Moderate□ Severe□
MR	No□ Yes□		Mild□ Moderate□ Severe□
LVH	No□ Yes□		
Wall Motion Abnormality	No□ Yes□		
Global Hypokinesia	No□ Yes□		
Libman Sack	No□ Yes□		
Valvular Abnormality	No□ Yes□		
Other			

Echocardiography Result: ----------

Specialist: ---------- **Date:** ----------

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ANGIOGRAPHY: No☐ Yes☐

Vessel Involvement	
Left Main	-------%
LAD	-------%
LCX	-------%
RCA	-------%
Result:	1 Vessel ☐ 2 Vessel ☐ 3 Vessel ☐
Plan	Medical Treatment PCI: 1 Vessel ☐ 2 Vessel ☐ CABG
Rt Cath	Systolic Pressure: -------- Diastolic Pressure: ------- Mean Pressure: --------
RA Pressure	
RV Pressure	
Aortic Pressure	
LVEDP	
P.C.W.P (Pulmonary Capillary Wedge Pressure)	
Cardiac Output	
Other	

Angiography Result: ----------

Specialist: ----------Date: ----------Place: ----------

ELECTROCARDIOGRAPHY (ECG): No☐ Yes☐

Abnormality	No/Yes	Remark
NSR	No☐ Yes☐	
PR-Interval	No☐ Yes☐	
PVC	No☐ Yes☐	
PAC	No☐ Yes☐	
SVT	No☐ Yes☐	
AF	No☐ Yes☐	
MAT	No☐ Yes☐	
LBBB	No☐ Yes☐	
RBBB	No☐ Yes☐	
LPHB	No☐ Yes☐	
LAHB	No☐ Yes☐	
AV Block	No☐ Yes☐	Type: I☐ II☐ III (Complete) ☐
Other		

Specialist: ---------- Date: ---------- Place: ----------

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COLONOSCOPY: No□ Yes□

Abnormality	No/Yes	Date of Onset	Remark
Polyps	No□ Yes□		
Pseudo Diverticula	No□ Yes□		
Rectum Prolapse	No□ Yes□		
Ulcer	No□ Yes□		Size:------- Location:--------
Cancer	No□ Yes□		
Other			

Colonoscopy Result: ----------

Specialist: ---------- **Date:** ----------

ENDOSCOPY: No□ Yes□

Abnormality	No/Yes	Date of Onset	Remark
Esophagitis	No□ Yes□		
Barrett's Esophagus	No□ Yes□		
Esophageal Stricture	No□ Yes□		
Stomach Ulcer	No□ Yes□		Size:-------
Duodenal Ulcer	No□ Yes□		Size:-------
Esophageal Ulcer	No□ Yes□		Size:-------
Watermelon	No□ Yes□		
Cancer	No□ Yes□		
Other			

Endoscopy Result: ----------

Specialist: ---------- **Date:** ----------

BONE MINERAL DENSITY: No□ Yes□

Location	Date	T-Score	Z-Score	BMD (g/cm^2)
Femur Total				
Femur Neck				
Lumbar Spine (L1-L4)				
Lumbar Spine (L2-L4)				
1/3 Distal of the Radius				
TBS		Score:		

Device: Hologic□ Lunar□ Norland□ Medilink□ Other: ---------- **Date:** --------- **Place:** -------

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CAPILLAROSCOPY: No□ Yes□

	R5	R4	R3	R2	L2	L3	L4	L5
Density								
Capillaries/mm								
Avascular Areas								
Background								
Architectural Derangement								
Micro Bleeding								
Morphology								
Enlarged Loops								
Giant Capillary								
Ramification								
Bushy Capillaries								
Tortuous Capillaries								

Capillaroscopy Result: ----------

Date: ----------

MAMMOGRAPHY: No□ Yes□

Mass	
BIRADs	
Calcification	
LAP	
Other	

Mammography Result:----------

---.

Specialist: ---------- **Date:** ---------- **Place:** ----------

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PAP SMEAR: No□ Yes□

Specimen Type: Conventional□ Liquid-Based□ Thin Prep□ E.Prep□

Specimen Adequacy: Satisfactory for Evaluation□ Unsatisfactory for Evaluation□

Endocervical/Transformation Zone Cells Are Present□ Scant Cellularity□ Obscured by Blood□
Absence of Endocervical/ Metaplastic Cells□ Poor Preservation□ Obscured by Inflammation□

Interpretation/Result:

Negative for Intraepithelial Lesion or Malignancy□

Organism: Trichomonas vaginalis□

Fungal organisms morphologically consistent with candida Spp□
Shift in flora suggestive of bacterial vaginitis□
Bacteria morphologically consistent with actinomyces Spp□
Cellular changes consistent with herpes simplex virus□
Chlamydia□

Presence of Inflammation: Mild□ Moderate□ Severe□

Other Non-Neoplastic Findings:

Reactive Cellular Changes□, **Associated with:**
Inflammation□ Inflammation (Include Typical Repair)□
Radiation Intrauterine Contraceptive Device (IUD)□
Glandular cells status post hysterectomy□ Atrophy□ Atrophic Vaginitis□
Metaplasia□ Endometrial cells present in a woman 40 years old or more□
Other:

Epithelial Cell Abnormalities□

Squamous Cells:

Atypical squamous cells□
Of undetermined significance (ASC-US)□
Can not exclude HSIL (ASC-H)□
Low-Grade Squamous Intraepithelial Lesion (LSIL)□ HPV□
High-Grade Squamous intraepithelial Lesion (HSIL)□ With Features Suspicious for Invasion□
Squamous Cell Carcinoma□

Glandular Cells:

Atypical□
Endocervical Cells□ Endometrial Cells□ Glandular Cells, Favor Neoplasia□
Glandular Cell□ Endocervical Cells, Favor Neoplasia□
Endocervical Adenocarcinoma in Situ□
Adenocarcinoma□
Endocervical□ Extrauterine□ Endometrial□ Not Otherwise Specified (NOS)□
Other Malignant Neoplasms□ **IF yes type:** ----------

Recommendation: Repeat Smear□ Immediately□ After Treatment□ In …… Month(s)□

Note: A single negative pap smear has a limited value in cervical cancer screening.

Lab Director: ---------- **Date:** ---------- **Place:** ----------

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ABDOMEN AND PELVIS ULTRASOUND: No☐ Yes☐

Result: ----------

----------. **Date:** ----------.

MRI: No☐ Yes☐

Result: ----------

----------. **Date:** ----------.

BIOPSY: No☐ Yes☐

Location: ----------

Result: ----------

----------. **Date:** ----------.

PAST DRUG HISTORY:

Row	Generic Name	Trademark Name	X (X= Number of Drug for Each Time)	Y & Z (Y= How Many Times Per Z Days)	Strength	Start Date	Stop Date	Reason to Stop								Remark
								No Response	Pregnancy	Infection	Surgery	No Compliance	According to Physician Comment	Adverse Effect *	Other	
1	Alendronate															
2	Amlodipine															
3	ASA															
4	Atorvastatin															
5	Azathioprine (AZA)															
6	Calcium D															
7	Cyclophosphamide															

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8	Cyclosporine															
9	Enoxaparin															
10	Ferrous sulfate															
11	Folic acid															
12	Hydroxychloroquine (HCQ)															
13	Methotrexate (MTX)															
14	Methylprednisolone															
15	Mycophenolate Mofetil															
16	Prednisolone															
17	Rituximab															
18	Tacrolimus															
19	Vitamin D															
20	Warfarin															
21	Other															

***Physicians or registrars should ask about the adverse effect type and the severity of adverse effect according to Rheumatry registry website, Past Medical History part.**

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PRESENT MEDICATION:

Row	Generic Name	Trademark Name	X (X= Number of Drug for Each Time)	Y & Z (Y= How Many Times Per Z Days)	Strength	Start Date	Remark
1	Alendronate						
2	Amlodipine						
3	ASA						
4	Atorvastatin						
5	Azathioprine (AZA)						
6	Calcium D						
7	Cyclophosphamide						
8	Cyclosporine						
9	Enoxaparin						
10	Ferrous sulfate						
11	Folic acid						
12	Hydroxychloroquine (HCQ)						
13	Methotrexate (MTX)						
14	Methylprednisolone						
15	Mycophenolate Mofetil						
16	Prednisolone						
17	Rituximab						
18	Tacrolimus						
19	Vitamin D						
20	Warfarin						
21	Other						

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LABORATORY MEASUREMENTS:

Category	Lab Tests	Result	Range	Unit	Interpretation			
					Low	Normal	High (+/++/+++)	Pos/Neg
Hematology and Coagulation	WBC							
	Lymphocyte							
	Neutrophil							
	Eosinophil							
	RBC							
	Hb							
	MCV							
	Plt							
	ESR							
	PT							
	PTT							
	INR							
Biochemistry	FBS							
	TG							
	Cholesterol							
	HDL							
	LDL							
	BUN							
	Cr							
	AST							
	ALT							
	ALP							
	CPK							
	LDH							
	Bili (T)							
	Bili (D)							
	Bili (I)							
	Troponin (T)							
	Troponin (I)							
	Aldolase							
Serology	CRP							
	RF							
Immunology	Procalcitonin							
	FANA							
	Anti-dsDNA							
	Anti-sm							
	C3							
	C4							
	CH50							
	Anti-Ro							
	Anti-La							
	ACL (IgG)							
	ACL (IgM)							
	Anti B2GP1(IgG)							
	Anti B2GP1(IgM)							

	LA							
	Anti-C1q							
	Anti-CCP							
	C-ANCA							
	P-ANCA							
	Anti-Scl70							
	Anti-Centromer							
	Anti-Jo1							
	Anti-Podocyte							
	Anti-TPO							
	AMA							
	Anti-LKM							
	Anti-Gliadin							
	Anti-Endomysial							
	tTG (IgG)							
	Ferritin							
	TSH							
	PTH							
	FSH							
	LH							
	Prolactin							
Viral	Hbs-Ag							
	HBV-Ab							
	HCV-Ab							
	HIV-Ab							
Elec and Vitamin	Ca							
	P							
	Na							
	K							
	25OH-VitD (ng)							
Urine Analysis	RBC							
	WBC							
	Granular Cast							
	RBC Dysmorphic							
	Urine Protein (+)							
	Urine Blood (+)							
24 Hours Urine Analysis	Volume							
	Protein							
	Cr							
	Ca							
	P							
Urine Culture	(+/-) Culture							
Blood Culture	(+/-) Culture							

Laboratory Name: ---------- **Laboratory City:** ----------

Date: ----------

SYSTEMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX-MODIFICATION: No☐ Yes☐

Check box: If descriptor is present at the time of visit or in the proceeding 10 days			
Definition	**Descriptor**	**Present**	**Score**
Recent Onset. Exclude Metabolic, Infectious or Drug Cause	Seizure	☐	8
Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized, or catatonic behavior. Excluded uremia and drug causes.	Psychosis	☐	8
Altered mental function with impaired orientation, memory or other intelligent function, with rapid onset fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus, and inability to sustain attention to environment, plus at least two of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness, or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes.	Organic Brain Syndrome	☐	8
Retinal changes of SLE. Include cytoid bodies, retinal hemorrhages, serious exudate or hemorrhages in the choroids, or optic neuritis. Exclude hypertension, infection, or drug causes.	Visual Disturbance	☐	8
New onset of sensory or motor neuropathy involving cranial nerves.	Cranial Nerve Disorder	☐	8
Severe persistent headache: may be migrainous, but must be non-responsive to narcotic analgesia.	Lupus Headache	☐	8
New onset of cerebrovascular accident(s). Exclude arteriosclerosis	CVA	☐	8
Ulceration, gangrene, tender finger nodules, periungual, infarction, splinter hemorrhages, or biopsy or angiogram proof of vasculitis	Vasculitis	☐	8
More than 2 joints with pain and signs of inflammation (i.e. tenderness, swelling, or effusion).	Arthritis	☐	4
Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/adolase or electromyogram changes or a biopsy showing myositis.	Myositis	☐	4
Heme-granular or red blood cell casts	Urinary Casts	☐	4
>5 red blood cells/high power field. Exclude stone, infection or other cause.	Hematuria	☐	4
>0.5 gm/24 hours. New onset or recent increase of more than 0.5 gm/24 hours.	Proteinuria	☐	4
>5 white blood cells/high power field. Exclude infection.	Pyuria	☐	4
New onset or recurrence of inflammatory type rash.	New Rash	☐	2
New onset or recurrence of abnormal, patchy or diffuse loss of hair.	Alopecia	☐	2
New onset or recurrence of oral or nasal ulcerations	Mucosal Ulcers	☐	2
Pleuritic chest pain with pleural rub or effusion, or pleural thickening.	Pleurisy	☐	2
Pericardial pain with at least 1 of the following: rub, effusion, or electrocardiogram confirmation	Pericarditis	☐	2

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Decrease in CH50, C3, or C4 below the lower limit of normal for testing laboratory	Low Complement	□	2
>25% binding by Farr assay or above normal range for testing laboratory.	Increased DNA Binding	□	2
>38˚C. Exclude infectious cause	Fever	□	2
<100,000 platelets/mm3	Thrombocytopenia	□	2
<3,000 White blood cell/mm3. Exclude drug causes.	Leukopenia	□	2

Total Score (Sum of weights next to descriptors marked present) ----------

PHYSICIANS GLOBAL ASSESSMENT:

Normal (0)□ Just Serology (1)□ Mild (2)□ Moderate (3)□ Severe (4)□

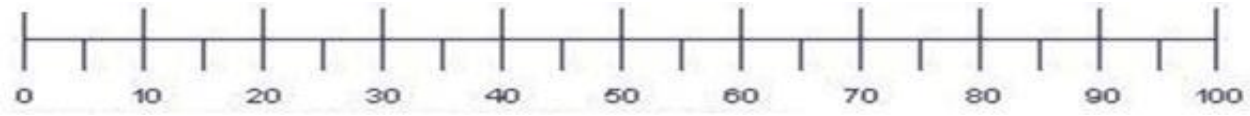
Severe Flare □	**Mild or Moderate Flare** □
Change in SLEDAI > 12 points	Change in SLEDAI > 3 points
New/worse CNS-SLE, Vasculius, Nephritis, Myositis, Pk < 60.000, Home anemia: Hb <7% or decrease in Hb > 3%	New/worse discoid, Photoscnsitive, Profundus, Cutaneous vasculitis, Bullous lupus, Nasopharyngeal ulcers, Pleuritis, Pericarditis, Arthritis, Fever (SLE)
Requiring: double prednisone, >0.5 mg/kg/day, Prednisone hospitalization	Increase in Prednisone, but not to >0.5 mg/kg/day
New Cytoxan Azathioprine Methotrexate Hospitalization	Added NSAID or Plaquenil
Increase in PGA to > 2.5	≥1.0 Increase in PGA, but not to more than 2.5

Etiology of Flare:

Type	**No/Yes**	**Remark**
Drug Discontinuation	No□ Yes□	
Infection	No□ Yes□	
Stress	No□ Yes□	
Sun Exposure	No□ Yes□	
Unknown	No□ Yes□	

PATIENT GLOBAL ASSESSMENT:

Considering all the effects of systemic lupus erythematosus on you, show your health status by drawing a vertical line on the strip below:



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LUPUS CLASSIFICATION CRITERIA (SLICC)*:

Criteria	No/Yes	Date
1. Acute Cutaneous Lupus OR Subacute Cutaneous Lupus		
- Lupus Malar Rash	No☐ Yes☐	
- Bullous Lupus	No☐ Yes☐	
- Toxic Epidermal Necrolysis	No☐ Yes☐	
- Maculopapular Lupus Rash	No☐ Yes☐	
- Photosensitive Lupus Rash	No☐ Yes☐	
- SCLE (Annular Polycyclic)	No☐ Yes☐	
- SCLE (Psoriasiform)	No☐ Yes☐	
2. Chronic Cutaneous Lupus		
- DLE Localized (Above the Neck)	No☐ Yes☐	
- DLE Generalized (Above and Below the Neck)	No☐ Yes☐	
- Hypertrophic (Verrucous) Lupus	No☐ Yes☐	
- Lupus Panniculitis (Profundus)	No☐ Yes☐	
- Mucosal Lupus	No☐ Yes☐	
- Lupus Erythematosus Tumidus	No☐ Yes☐	
- Chillblains Lupus	No☐ Yes☐	
- Discoid Lupus/Lichen Planus Overlap	No☐ Yes☐	
3. Oral Ulcers OR Nasal Ulcers		
- Oral: Palate, Buccal, Tongue	No☐ Yes☐	
- Nasal Ulcers	No☐ Yes☐	
4. Nonscarring Alopecia	No☐ Yes☐	
5. Synovitis Involving 2 OR More Joints	No☐ Yes☐	
6. Serositis		
- Pericardial	No☐ Yes☐	
- Pleural	No☐ Yes☐	
7. Renal		
- 500 mg Protein/24 Hours' Urine	No☐ Yes☐	
- Urine Red Blood Cell Casts	No☐ Yes☐	
8. Neurologic		
- Seizures	No☐ Yes☐	
- Psychosis	No☐ Yes☐	
- Mononeuritis Multiplex	No☐ Yes☐	
- Myelitis	No☐ Yes☐	
- Peripheral Neuropathy	No☐ Yes☐	
- Cranial Neuropathy	No☐ Yes☐	
- Acute Confusional State	No☐ Yes☐	
9. Hemolytic Anemia	No☐ Yes☐	
10. Leukopenia (<4000/mm^3)	No☐ Yes☐	
OR Lymphopenia (<1000/mm^3)	No☐ Yes☐	
11. Thrombocytopenia (<100,000/mm^3)	No☐ Yes☐	
12. FANA		
- A Positive test in the absence of drugs known to induce it.	No☐ Yes☐	

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13. Anti-dsDNA (ELISA)	No☐ Yes☐	
14. Anti-Sm	No☐ Yes☐	
15. Antiphospholipid Antibody		
- Positive Lupus Anticoagulant	No☐ Yes☐	
- False-Positive Test Result for Rapid Plasma Reagin	No☐ Yes☐	
- Medium- or High-Titer Anticardiolipin Antibody Level (IgA)	No☐ Yes☐	
- Medium- or High-Titer Anticardiolipin Antibody Level (IgG)	No☐ Yes☐	
- Medium- or High-Titer Anticardiolipin Antibody Level (IgM)	No☐ Yes☐	
- Positive Test for Anti-β2-Glycoprotein I (IgA)	No☐ Yes☐	
- Positive Test for Anti-β2-Glycoprotein I (IgG)	No☐ Yes☐	
- Positive Test for Anti-β2-Glycoprotein I (IgM)	No☐ Yes☐	
16. Low Complement		
- C3	No☐ Yes☐	
- C4	No☐ Yes☐	
- CH50	No☐ Yes☐	
17. Direct Coombs' Test (In Absence Of Hemolytic Anemia)	No☐ Yes☐	

Definite SLE: Minimum 4 Positive Criteria (from 4 different categories **AND** at least 1 of them should be clinical and 1 should be laboratory criteria).

REVISED CLASSIFICATION CRITERIA FOR THE ANTIPHOSPHOLIPID SYNDROME

Clinical Criteria	**Date of Onset**
1. Vascular Thrombosis	
2. Pregnancy Morbidity a. ≥1 unexplained deaths beyond the 10th week b. ≥1 premature births before the 34th week c. ≥3 abortions before the 10th week	
Laboratory Criteria	**Date of Onset**
1. Lupus Anticoagulant (LA) (present on two or more occasions at least 12 weeks apart)	
2. Anti Cardiolipin antibody (aCL) (IgG and/or IgM) in medium or high titer (present on two or more occasions, at least 12 weeks apart)	
3. Anti-beta-2 glycoprotein-I antibody (Anti-B2GP1) (IgG and/or IgM) (present on two or more occasions, at least 12 weeks apart)	

Definite APS is present if at least one of the clinical criteria and one of the laboratory criteria are met. Classification of APS should be avoided less than 12 weeks or more than 5 years separate the positive anti-phospholipid antibody test and the clinical manifestation.

DAMAGE INDEX FOR SYSTEMIC LUPUS ERYTHEMATOSUS: No□ Yes□

System Lupus International Collaborating Clinics/ACR Damage Index for Systemic Lupus Erythematosus*

Item	No/Yes	Score
Ocular (either eye, by clinical assessment)		
Any cataract ever	No□ Yes□	1
Retinal change or optic atrophy	No□ Yes□	1
Neuropsychiatric		
Cognitive impairment (e.g. memory deficit, difficulty with calculation, poor concentration, difficulty in spoken or written language, impaired performance levels) or major psychosis	No□ Yes□	1
Seizures requiring therapy for 6 months	No□ Yes□	1
Cerebrovascular accident ever (score 2 if >1)	No□ Yes□	1 (2)
Cranial or peripheral neuropathy (excluding optic)	No□ Yes□	1
Transverse myelitis	No□ Yes□	1
Renal		
Estimated or measured glomerular filtration rate<50%	No□ Yes□	1
Proteinuria ≥3.5 gm/24hours	No□ Yes□	1
Or		
End-stage renal disease (regardless of dialysis or transplantation)	No□ Yes□	3
Pulmonary		
Pulmonary hypertension (right ventricular prominence, or loud P2)	No□ Yes□	1
Pulmonary fibrosis (physical and radiograph)	No□ Yes□	1
Shrinking lung (radiograph)	No□ Yes□	1
Pleural fibrosis (radiograph)	No□ Yes□	1
Pulmonary infarction (radiograph)	No□ Yes□	1
Cardiovascular		
Angina or coronary artery bypass	No□ Yes□	1
Myocardial infarction ever (score 2 if > 1)	No□ Yes□	1 (2)
Cardiomyopathy (ventricular dysfunction)	No□ Yes□	1
Valvular disease (diastolic murmur, or systolic murmur >3/6)	No□ Yes□	1
Pericarditis for 6 months, or pericardiectomy	No□ Yes□	1
Peripheral Vascular		
Claudication for 6 months	No□ Yes□	1
Minor tissue loss (pulp space)	No□ Yes□	1
Significant tissue loss ever (e.g. loss of digit or limb)(score 2 if > 1 site)	No□ Yes□	1 (2)
Venous thrombosis with swelling, ulceration, or venous stasis	No□ Yes□	1
Gastrointestinal		
Infarction or resection of bowel below duodenum spleen, liver, or gall bladder ever, for cause any (score 2 if >1 site)	No□ Yes□	1 (2)
Mesenteric insufficiency	No□ Yes□	1
Chronic peritonitis	No□ Yes□	1
Stricture or upper gastrointestinal tract surgery ever	No□ Yes□	1
Musculoskeletal		

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Muscle atrophy or weakness	No□ Yes□	1
Deforming or erosive arthritis (including reducible deformities, excluding avascular necrosis)	No□ Yes□	1
Osteoporosis with fracture or vertebral collapse (excluding avascular necrosis)	No□ Yes□	1
Avascular necrosis (score 2 if > 1)	No□ Yes□	1 (2)
Osteomyelitis	No□ Yes□	1
Skin		
Scarring chronic alopecia	No□ Yes□	1
Extensive scarring or panniculum other than scalp and pulp space	No□ Yes□	1
Skin ulceration (excluding thrombosis) for > 6 months	No□ Yes□	1
Premature gonadal failure	No□ Yes□	1
Diabetes (regardless of treatment)	No□ Yes□	1
Malignancy (exclude dysplasia) (score 2 if > 1 site)	No□ Yes□	1 (2)

* Damage (nonreversible change, not related to active inflammation) occurring since onset of lupus, ascertained by clinical assessment and present for at least **6 months** unless otherwise stated. Repeat episodes must accurate least 6 months apart to score 2. The same lesion cannot be scored twice.

Comments:

Physician Name: **Signature:**

Registrar Name: **Signature:**

Lab Samples: DNA□ RNA□ Serum□

Next Visit Date:

اینجانب..... در کمال اختیار، رضایت کامل خود را مبنی بر شرکت در این پژوهش رجیستری و Follow up های بعدی به عنوان نمونه داوطلب اعلام می‌دارم.

نام و نام خانوادگی نمونه داوطلب

امضا/اثر انگشت با تاریخ

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