CONFIDENTIAL

RHEUMATRY AS REGISTRATION QUESTIONNAIRE

DEMOGRAPHIC INFORMATION:

National Code*:	**Date*:**	**Physician Name:**
Hospital Document 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: **Working Hours/Day:** **Shift Work:** Fix☐ Rotation☐

Second Job: **Working Hours/Day:** **Shift Work:** Fix☐ Rotation☐

Job History:

Row	Jobs	Time of Employment (Month)	Cause of Job Change
1			
2			
3			

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:

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

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:** ----------

Menopause Age: ----------

Exercise: Non□ <1 Hour/Week□ 1-3 Hours/Week□ 3-7 Hours/Week□ >7 Hour/Week□

Morning Stiffness: No□ Yes□ **Duration:** ≤30 min□ 1-2 hrs□ 2-3 hrs□ ≥3 hrs□ **For** ----- Month

History of any infection prior to AS initiation: No□ Yes□

If yes, Gastrointestinal□ Respiratory□ Genitourinary□

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

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

Poor Compliance to Medication: No□ Yes□

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

Type	No/Yes	Date	Type	No/Yes	Date
Antiphospholipid Syndrome	No□ Yes□		Other Seronegative Arthropathies	No□ Yes□	
Scleroderma	No□ Yes□		Takayasu Arteritis	No□ Yes□	
SLE	No□ Yes□		Rheumatoid Arthritis	No□ Yes□	
Sjogren	No□ Yes□		Behcet Disease	No□ Yes□	
Polymyositis	No□ Yes□		Dermatomyosis	No□ Yes□	
Hypothyroidism	No□ Yes□		Hyperthyroidism	No□ Yes□	
Diabetes Mellitus	No□ Yes□		Vasculitis	No□ Yes□	
MCTD	No□ Yes□		Multiple Sclerosis	No□ Yes□	
Other:					

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

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- CABG	No☐ Yes☐		**Renal**	Amyloidosis	No☐ Yes☐	
	IHD- MI	No☐ Yes☐			IgA Nephropathy	No☐ Yes☐	
	IHD- Stent	No☐ Yes☐			Other		
	Other			**Eye**	Cataract	No☐ Yes☐	
Musculos keletal	Osteoporosis	No☐ Yes☐			Glaucoma	No☐ Yes☐	
	OA	No☐ Yes☐			Conjunctivitis	No☐ Yes☐	
	Myopathy	No☐ Yes☐			Other		
	Aseptic Necrosis	No☐ Yes☐		**Hematologic**	Anemia	No☐ Yes☐	
	Osteomyelitis	No☐ Yes☐			Transfusion	No☐ Yes☐	
	Vitamin D Deficiency	No☐ Yes☐			Felty Syndrome	No☐ Yes☐	
	Septic Arthritis	No☐ Yes☐			Other		
	Other			**CNS**	CVA	No☐ Yes☐	
Skin	Pyoderma	No☐ Yes☐			Optic Neuritis	No☐ Yes☐	
	Erythema Nodosum	No☐ Yes☐			MS	No☐ Yes☐	
	Hives	No☐ Yes☐			NMO	No☐ Yes☐	
	Seborrheic Dermatitis	No☐ Yes☐			Epilepsy	No☐ Yes☐	
	Other				Other		
Malignancy	No☐ Yes ☐ **If yes,** Type: ----------			**Congenital Disorder**	No☐ Yes ☐ **If yes,** Type: ----------		
Infection	No☐ Yes☐ **If yes,** Type: ----------			**Vaccination (From one year ago)**	No☐ Yes ☐ **If yes,** Type: ----------		
Bone Fracture	No☐ Yes☐ **If yes,** Location: ----------						

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

COMORBIDITY: 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- CABG	No☐ Yes☐		**Renal**	Amyloidosis	No☐ Yes☐	
	IHD- MI	No☐ Yes☐			IgA Nephropathy	No☐ Yes☐	
	IHD- Stent	No☐ Yes☐			Other		
	Other			**Eye**	Cataract	No☐ Yes☐	
Musculoskeletal	Osteoporosis	No☐ Yes☐			Glaucoma	No☐ Yes☐	
	OA	No☐ Yes☐			Conjunctivitis	No☐ Yes☐	
	Myopathy	No☐ Yes☐			Other		
	Aseptic Necrosis	No☐ Yes☐		**Hematologic**	Anemia	No☐ Yes☐	
	Osteomyelitis	No☐ Yes☐			Transfusion	No☐ Yes☐	
	Vitamin D Deficiency	No☐ Yes☐			Felty Syndrome	No☐ Yes☐	
	Septic Arthritis	No☐ Yes☐			Other		
	Other			**CNS**	CVA	No☐ Yes☐	
Skin	Pyoderma	No☐ Yes☐			Optic Neuritis	No☐ Yes☐	
	Erythema Nodosum	No☐ Yes☐			MS	No☐ Yes☐	
	Hives	No☐ Yes☐			NMO	No☐ Yes☐	
	Seborrheic Dermatitis	No☐ Yes☐			Epilepsy	No☐ Yes☐	
	Psoriasis	No☐ Yes☐			Other		
	Other						
Malignancy	No☐ Yes ☐ **If yes,** Type: ----------			**Congenital Disorder**	No☐ Yes ☐ **If yes,** Type: ----------		
Infection	No☐ Yes☐ **If yes,** Type: ----------			**Bone Fracture**	No☐ Yes☐ **If yes,** Location: ----------		

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

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☐

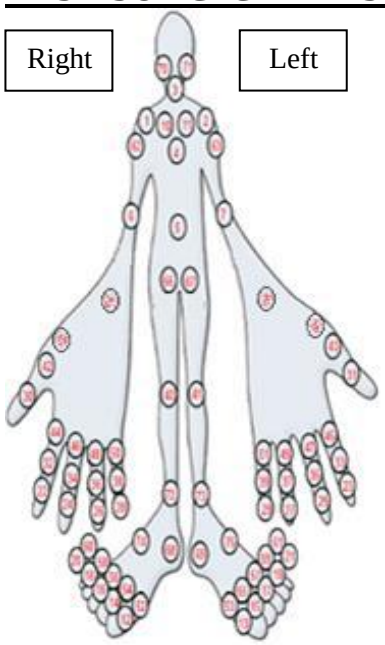
If yes: Father and Mother ☐ Grandfather and Grandmother ☐ Patient and Spouse ☐

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

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

PAST SURGICAL HISTORY: No☐ Yes☐

Right Left



Type		Date	Remark
Articular Surgery	Joint Replacement		
	Arthroscopy		
	Other		
Non Musculoskeletal Surgery	Appendectomy		
	Cholecystectomy		
	Cesarean Delivery		
	Other		

PRIMARY CONSTITUTIONAL SYMPTOMS:

Fatigue: No☐ Yes☐

Morning Stiffness: No☐ Yes☐ **Duration:** ≤30 min☐ 1-2 hrs☐ 2-3 hrs☐ ≥3 hrs☐ **For** ----- Month

Second half night Back Pain: No☐ Yes☐

Weight Loss (10% Weight During 6 Months)**:** No☐ Yes☐ **If yes:** ------- Kg, Duration: -------

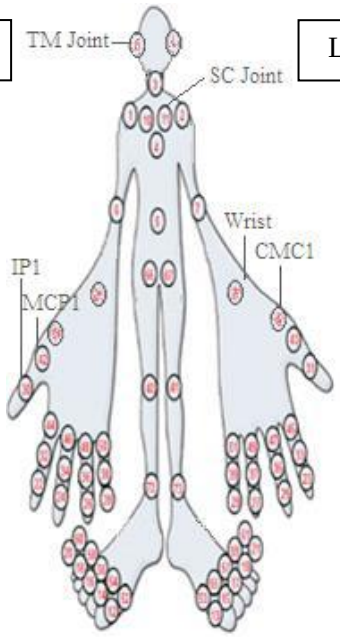
Onset: Acute☐ Insidious☐ **Duration:** -------- Days/Weeks/Months/Years

Fever at Onset: No☐ Yes☐ Unknown☐

PRIMARY INVOLVED SITES:

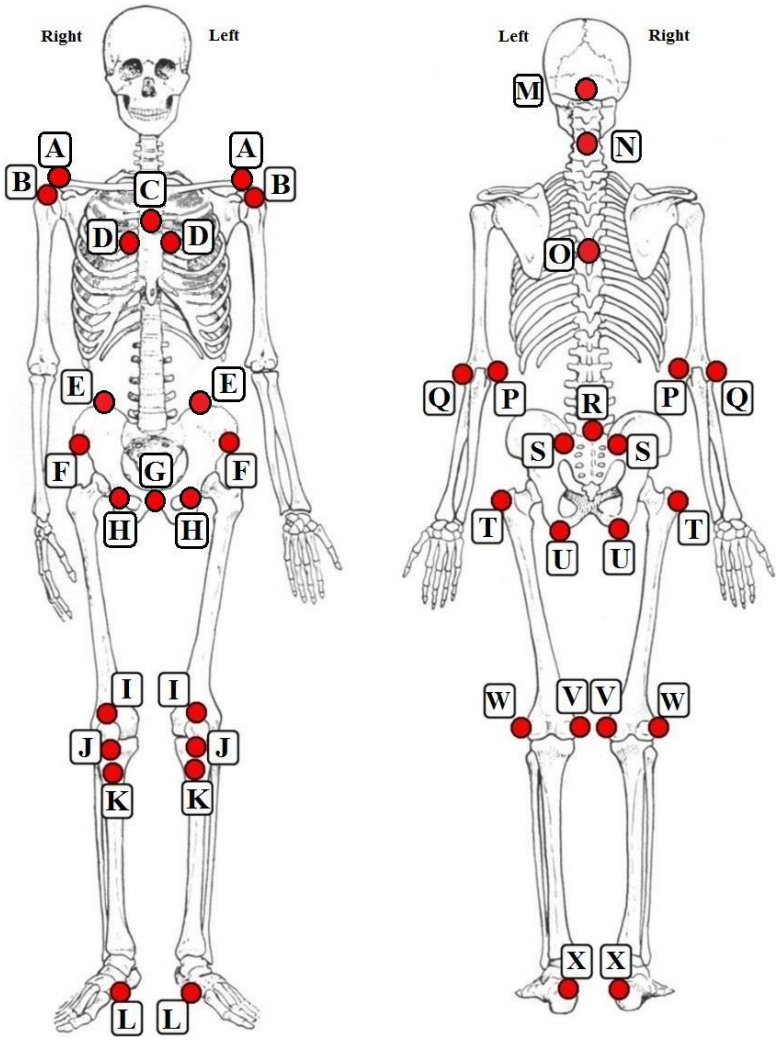
Arthritis: No☐ Yes☐

Right Left



Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

Enthesitis: No☐ Yes☐



Row	Site of Enthesitis	Right	Left	Row	Site of Enthesitis	Right	Left
A	Supraspinate Tendon	☐	☐	**M**	Nuchal Crest	☐	
B	Greater Tuberosity of the humerus	☐	☐	**N**	Cervical Spinous Process	☐	
C	Manubriosternal Joint	☐		**O**	Thoracic Spinous Process	☐	
D	Costochondral Joints	☐	☐	**P**	Medial Humeral Epicondyle	☐	☐
E	The Iliac Crest	☐	☐	**Q**	Lateral Humeral Epicondyle	☐	☐
F	Anterior Superior Iliac Spine	☐	☐	**R**	Lumbar Spinous Process	☐	
G	Symphysis Pubis	☐		**S**	Posterior Superior Iliac Spine	☐	☐
H	Pelvic Adductor Origin	☐	☐	**T**	The Greater Femoral Trochanter	☐	☐
I	Quadriceps Tendons Insertion into Patella	☐	☐	**U**	Ischial Tuberosity	☐	☐
J	Patella Ligaments Insertion into Patella	☐	☐	**V**	Medial Femoral Condyle	☐	☐
K	Patella Ligaments Insertion into Tibia	☐	☐	**W**	Lateral Femoral Condyle	☐	☐
L	Plantar Fascia	☐	☐	**X**	Achilles Tendon	☐	☐

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

EXTRA ARTICULAR MANIFESTATIONS:

Eye	No□ Yes□	Red□ Painful□ Visual Impairment□ Photophobia□ Increased Lacrimation□ Anterior Uveitis-Unilateral□ Anterior Uveitis-Bilateral□ Iridocyclitis-Unilateral□ Iridocyclitis-Bilateral□ Posterior Synechiae-Unilateral□ Posterior Synechiae-Bilateral□ Glaucoma-Unilateral□ Glaucoma-Bilateral□ Other: ----------
Cardiovascular	No□ Yes□	Clinically Silent□ Aortitis□ Aortic Valve Incompetence□ Conduction Abnormalities□ Cardiomegaly□ Pericarditis□ Other: ----------
Pulmonary	No□ Yes□	Cough□ Dyspnea□ Hemoptisis□ Friction Rub□ Other: ----------
Renal	No□ Yes□	Microscopic Hematuria□ Proteinuria□ Other: ----------
Skin	No□ Yes□	Plaque of Psoriasis□ Kind of Psoriasis: ---------- Koebner Phenomenon□ Relapsing Pustulosis□ Erythema Nodosum□ Sweet Syndrome□ Aphthous Stomatitis□ Pyoderma Gangrenosum□ Other: ----------
Nail	No□ Yes□	Dystrophic□ Pitting□ Onycholysis□ Nail Loss□ Pustule Formation□ Other: ----------
Gastrointestinal	No□ Yes□	Abdominal Pain□ Nausea□ Vomiting□ Heart Burn□ Dysphagia□ Odynophagia□ Diarrhea□ Constipation□ Hepatomegaly□ Splenomegaly□ Hemorrhoids□ Melena□ IBD□ Tenderness□ Ascites□ Anorexia□ Other ----------
Neurological	No□ Yes□	Carpal Tunnel Syndrome□ Paresthesia□ Seizures□ Mood Disorder□ Headache□ Insomnia□ Dizziness□ Muscle Spasm□ Memory Loss□ Agitation□ Numbness□ Tremor□ Drowsiness□ Central Neuropathy□ Cranial Neuropathy□ Peripheral Neuropathy□ Snoring□ Other ----------

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

GENERAL EXAMINATION:

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

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

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

Eye: Normal□ Abnormal□ **Physical Findings:** ----------

Cardiac: Normal□ Abnormal□ **Physical Findings:** ----------

Lung: Normal□ Abnormal□ **Physical Findings:** ----------

Abdomen: Normal□ Abnormal□ **Physical Findings:** ----------

Skin: Normal□ Abnormal□ **Physical Findings:** ----------

SPINAL MOBILITY AND DISEASE ACTIVITY:

SPINAL MOBILITY

Cervical

Tragus-to-wall Distance: ---------- cm

Mentum to Sternum Distance: ---------- cm

Lateral Bending: Left ------ º Right ------ º **OR** Limitation: No□ Yes□

If Yes, +□ ++□ +++□ ++++□ Left
+□ ++□ +++□ ++++□ Right

Rotation: Left ------ º Right ------ º

Thoracic

Chest Expansion: ---------- cm

Lumbar

Fingertip to Floor Distance: ---------- cm

Lumbar Lateral Flexion: Left --------- cm Right --------- cm

Rotation: Left --------- º Right --------- º **OR** Limitation: No□ Yes□

If Yes, +□ ++□ +++□ ++++□ Left
+□ ++□ +++□ ++++□ Right

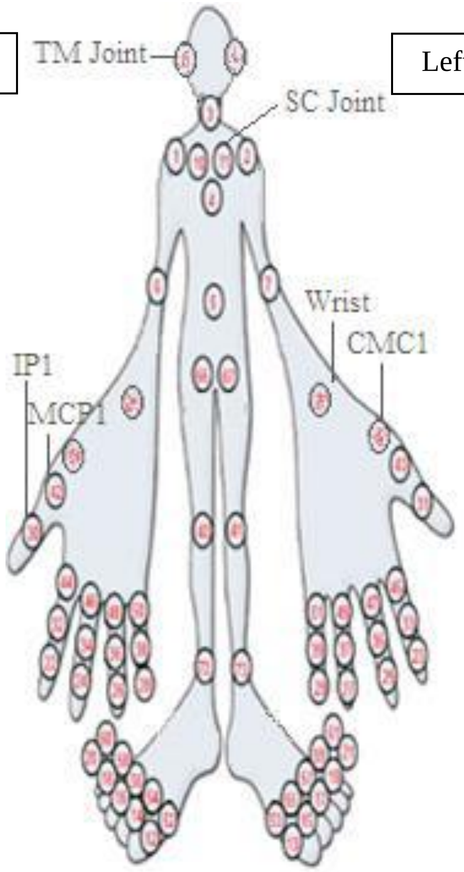
Lumbar Flexion (Modified Schober): 10 to ------- cm

Intermalleolar Distance: --------- cm

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

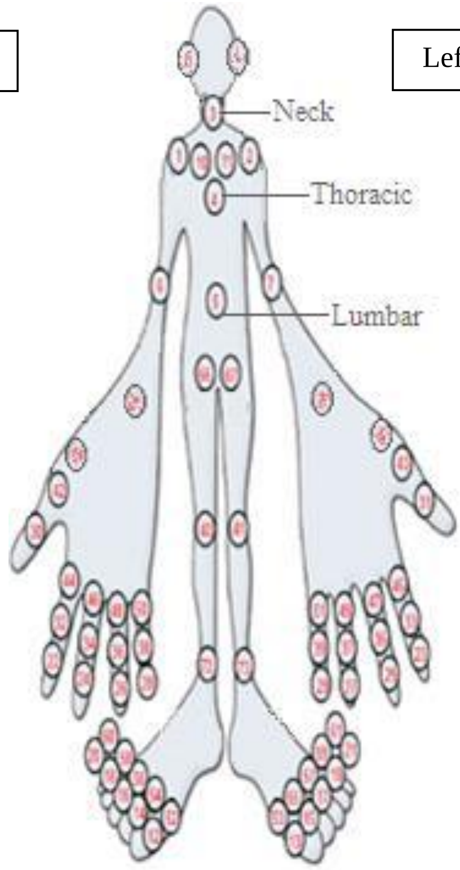
ARTHRITIS: No□ Yes□ **If yes please mark it:**

Right Left



Swelling Count

Right Left



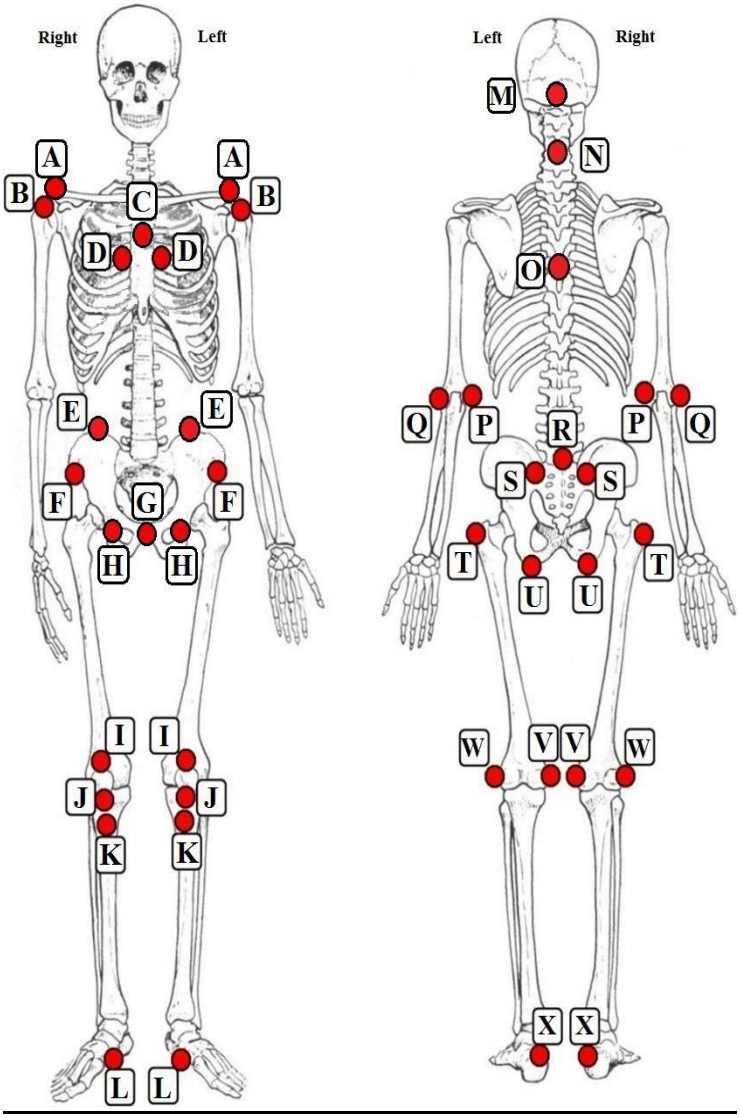
Pain Tenderness Count

Involved Joints:

Joint	Tenderness	Swelling	ROM (Range of Motion)	Warmness	Redness
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□
	□+ □++ □+++	□+ □++ □+++	□+ □++ □+++ □++++	No□ Yes□	No□ Yes□

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

Row	Site of Enthesitis	Tenderness	
		Right	Left
A	Supraspinate Tendon	+/ ++/ +++	+/ ++/ +++
B	Greater Tuberosity of the humerus	+/ ++/ +++	+/ ++/ +++
C	Manubriosternal Joint	+/ ++/ +++	
D	Costochondral Joints	+/ ++/ +++	+/ ++/ +++
E	The Iliac Crest	+/ ++/ +++	+/ ++/ +++
F	Anterior Superior Iliac Spine	+/ ++/ +++	+/ ++/ +++
G	Symphysis Pubis	+/ ++/ +++	
H	Pelvic Adductor Origin	+/ ++/ +++	+/ ++/ +++
I	Quadriceps Tendons Insertion into Patella	+/ ++/ +++	+/ ++/ +++
J	Patella Ligaments Insertion into Patella	+/ ++/ +++	+/ ++/ +++
K	Patella Ligaments Insertion into Tibia	+/ ++/ +++	+/ ++/ +++
L	Plantar Fascia	+/ ++/ +++	+/ ++/ +++
M	Nuchal Crest	+/ ++/ +++	
N	Cervical Spinous Process	+/ ++/ +++	
O	Thoracic Spinous Process	+/ ++/ +++	
P	Medial Humeral Epicondyle	+/ ++/ +++	+/ ++/ +++
Q	Lateral Humeral Epicondyle	+/ ++/ +++	+/ ++/ +++
R	Lumbar Spinous Process	+/ ++/ +++	
S	Posterior Superior Iliac Spine	+/ ++/ +++	+/ ++/ +++
T	The Greater Femoral Trochanter	+/ ++/ +++	+/ ++/ +++
U	Ischial Tuberosity	+/ ++/ +++	+/ ++/ +++
V	Medial Femoral Condyle	+/ ++/ +++	+/ ++/ +++
W	Lateral Femoral Condyle	+/ ++/ +++	+/ ++/ +++
X	Achilles Tendon	+/ ++/ +++	+/ ++/ +++



Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

PARA CLINICAL EXAMINATION:

MRI: No□ Yes□

Location	Findings	No/Yes	Date of Onset	Remark
Vertebral Column	Osteitis	No□ Yes□		
	Fatty Metaplasia	No□ Yes□		
	Syndesmophyte	No□ Yes□		
	Disco Vertebral Lesions	No□ Yes□		
	Disc Calcification	No□ Yes□		
	Ligamentous Calcification	No□ Yes□		
	Atlantoaxial Lesions	No□ Yes□		
	Facet Joint Lesions	No□ Yes□		
	Costovertebral Lesions	No□ Yes□		
	Costotransverse Lesions	No□ Yes□		
Sacroiliac	Subchondral Bone Marrow Edema	No□ Yes□		
	Periarticular Fatty Tissue Accumulation	No□ Yes□		
	Erosion in Subchondral Bone	No□ Yes□		
	Subchondral Sclerosis	No□ Yes□		
	Bone Spur and Ankylosis	No□ Yes□		
Other				

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

X-Ray: No□ Yes□

Location	Findings	No/Yes	Date of Onset	Remark
Vertebral Column	Focal Sclerosis (Shiny Coroner)	No□ Yes□		
	Erosion (Romanus Lesion)	No□ Yes□		
	Squaring of Vertebrae	No□ Yes□		
	Syndesmophyte	No□ Yes□		
	Erosion of the Vertebral Endplate	No□ Yes□		
Sacroiliac	Periarticular Osteoporosis	No□ Yes□		
	Superficial Erosions	No□ Yes□		
	Foci of Sclerosis	No□ Yes□		
	Joint Space Widening	No□ Yes□		
	Joint Space Narrowing	No□ Yes□		
	Fusion	No□ Yes□		
Other				
Sacroiliitis Grading: 0□ 1□ 2□ 3□ 4□				

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

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

BONE MINERAL DENSITY: No□ Yes□

Location	Date	T-Score	Z-Score	BMD (g/cm2)
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:** --------

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:** ----------

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:** ----------

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

TB SCREENING: No□ Yes□

CXR:	Normal□	Abnormal□
PPD:	Negative□	Positive□
IGRA:	Negative□	Positive□
Prophylaxis Drug: ----------		

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

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:** ----------

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:** ---------

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

LABORATORY MEASUREMENTS:

Category	Lab Tests	Result	Range	Unit	Interpretation			
					Low	Normal	High (+/++/+++)	Pos/Neg
Hematology and Coagulation	WBC							
	Lymphocyte							
	Neutrophil							
	Eosinophil							
	Basophil							
	RBC							
	Hb							
	HCT							
	MCV							
	Plt							
	ESR							
Biochemistry	FBS							
	TG							
	Cholesterol							
	HDL							
	LDL							
	BUN							
	Cr							
	Uric Acid							
	AST							
	ALT							
	ALP							
	Bili (T)							
	Bili (D)							
	Bili (I)							
Serology	CRP							
	Wright							
	Coombs Wright							
	Widal							
	2ME							
	PPD							
Immunology	Anti-CCP							

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

	RF							
	FANA							
	ANA							
	Anti-dsDNA							
	Anti-MCV							
	IGRA							
	TSH							
	T3							
	T4							
	Ferritin							
Viral	HBS-Ag							
	HCV-Ab							
	HIV-Ab							
Elec and Vitamin	Ca							
	P							
	Na							
	K							
	25OH-VitD (ng)							
Genetic	HLA-B27							
Urine Analysis	RBC							
	WBC							
	Epithelial Cells							
	RBC Dysmorphic							
	Granular Cast							
	Crystals							
	Bacteria							
	PH							
	Specific Gravity							
	Urine Protein (+)							
	Urine Blood (+)							
	Culture (+/-)							
24 Hours Urine Analysis	Volume							
	Protein							
	Cr							
	Ca							
	P							

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

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

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

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	Adverse Effect *	Other	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																

***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.**

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

BASMI:

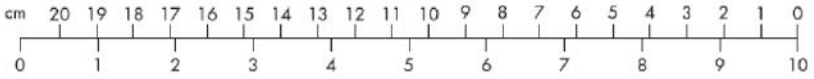
BASMI

Bath ankylosing spondylitis metrology index, a combined index to assess the spinal mobility in patients with ankylosing spondylitis

Name: _____

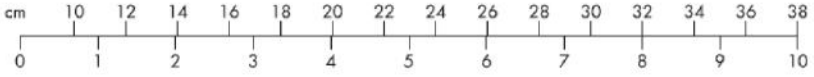
Date: _____

❶ Lateral lumbar flexion: patient stands with heels and buttocks touching the wall, knees straight, shoulders back, hands by the side. The patient is then asked to bend to the right side as far as possible without lifting the left foot/heel or flexing the right knee, and maintaining a straight posture with heels, buttocks, and shoulders against the wall. The distance from the third fingertip to the floor when patient bends to the side, is subtracted from the distance when patient stands upright. The manoeuvre is repeated on the left side.



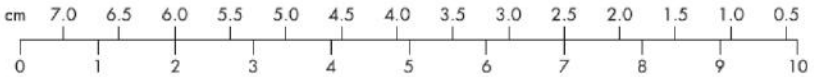
Mean of right/left

❷ Tragus-to-wall distance: maintain same starting position as above. The distance between tragus of the ear and wall during maximal effort to draw the head back without raising the chin above its usually carrying level is measured on both sides to the nearest 0.1 cm, using a rigid ruler. Ensure no cervical extension, rotation, rotation, flexion or side flexion occurs.

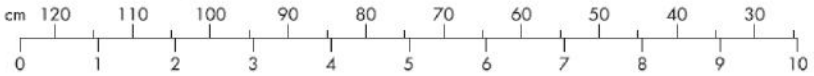


Mean of right/left

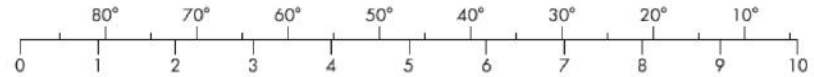
❸ Lumbar flexion (modified schober): set marks in upright position at the level of the spinous process of L5 (found as the first process below the projected line across the back at the level of the top of the iliac crest) and 10 cm above the first mark. Measure distraction of the marks when the patient bends forward as far as possible, keeping the knees traight.



❹ Intermalleolar distance: patient supine on the floor or a wide plinth, with the knees straight and the feet pointing straight up. Patient is asked to separate legs along the resting surface as far as possible. Distance between medial malleoli is measured.



❺ Cervical rotation: patient supine on plinth, head in neutral position, forehead horizontal (if necessary head on pillow or foam block to allow this, must be documented for future reassessments). Gravity goniometer placed centrally on the forehead. Patient rotates head as far as possible, keeping shoulders still, ensure no neck flexion or side flexion occurs, Rotational angle to the right and to the left is measured.
If you do not have a gravity goniometer: patient sits with shoulders to the wall. Place goniometer to the wall above the patient's head. Patient rotates head as described above. Examiner aligns goniometer branch parallel to sagittal plane of the head.



Mean of right/left

BASMI (average of 5 scores)

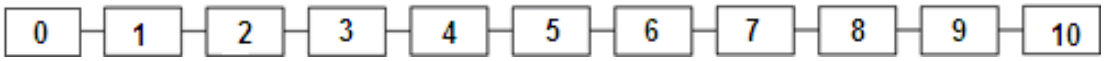
	Then score =										
If:	0	1	2	3	4	5	6	7	8	9	10
Lateral lumbar flexion (cm)	≥20	18–20	15.9–17.9	13.8–15.8	11.7–13.7	9.6–11.6	7.5–9.5	5.4–7.4	3.3–5.3	1.2–3.2	≤1.2
Tragus-to-wall distance (cm)	≤10	10–12.9	13–15.9	16–18.9	19–21.9	22–24.9	25–27.9	28–30.9	31–33.9	34–36.9	≥37
Lumbar flexion (modified Schober) (cm)	≥7	6.4–7.0	5.7–6.3	5.0–5.6	4.3–4.9	3.6–4.2	2.9–3.5	2.2–2.8	1.5–2.1	0.8–1.4	≤0.7
Intermalleolar distance (cm)	≥120	110–119.9	100–109.9	90–99.9	80–89.9	70–79.9	60–69.9	50–59.9	40–49.9	30–39.9	≤30
Cervical rotation angle (°)	≥85	76.6–85	68.1–76.5	59.6–68	51.1–59.5	42.6–51	34.1–42.5	25.6–34	17.1–25.5	8.6–17	≤8.5

*For lateral lumbar flexion, tragus-to-wall distance, and cervical rotation the average of right and left should be taken.
BASMI, Bath Ankylosing Spondylitis Metrology Index.

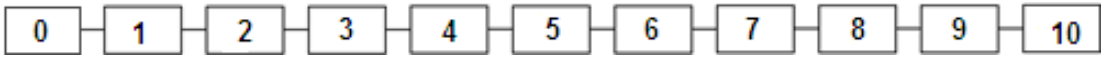
QUALITY OF LIFE:

Pain:

1. How active your Nocturnal Back Pain been during last 7 days?

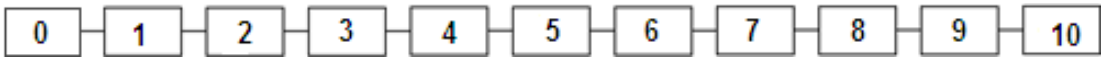


2. How active your back pain been at any time during last 7 Days?



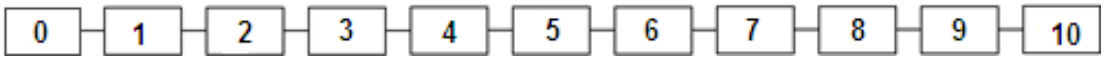
Patient Global Assessment:

3. How Active your pain been during last 7 days?

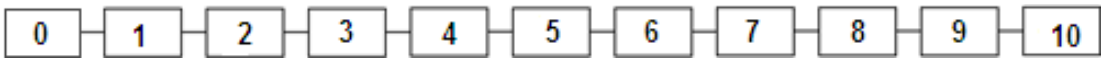


BAS-G:

4. What effect has the disease had on your wellbeing over the last week?

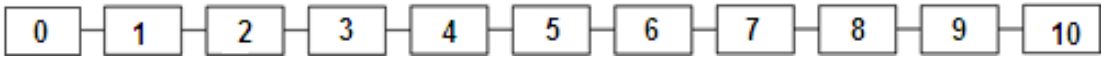


5. What effect had the disease on your wellbeing over the last six months?

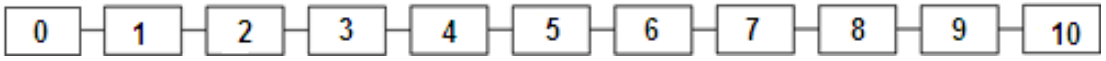


BASDAI:

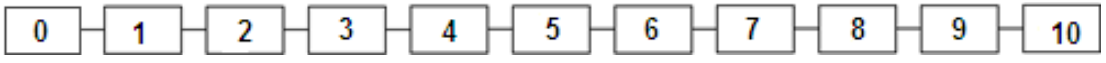
6. How would you describe the overall level of fatigue/tiredness you have experienced?



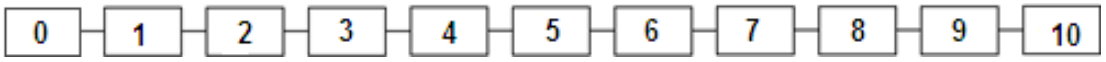
7. How would you describe the overall level of AS neck, back or hip pain you have had?



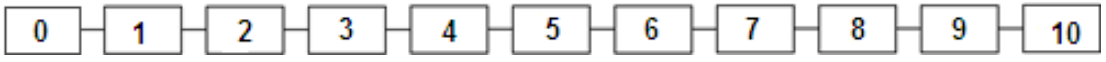
8. How would you describe the overall level of pain/swelling in joints other than neck, back or hips you have had?



9. How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?

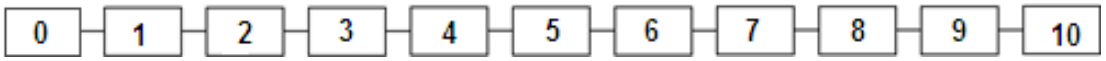


10. How would you describe the overall level of discomfort you have had from the time you wake up?



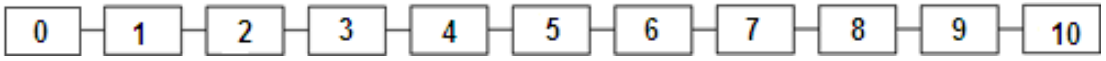
Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

11. How long does your morning stiffness last from the time you wake up?

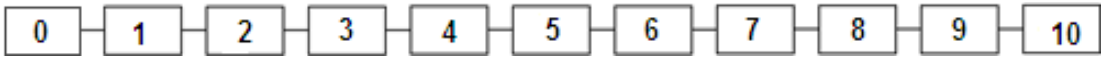


BASFI:

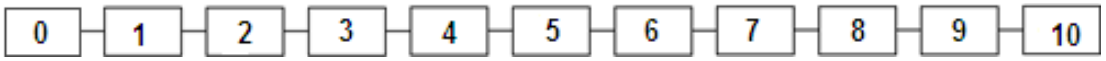
12. Putting on your socks or tights without help or aids (e.g. sock aid)?



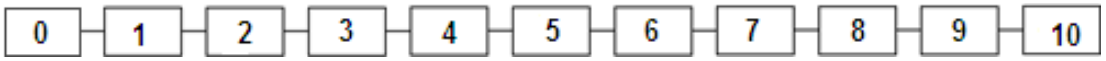
13. Bending forward from the waist to pick up a pen from the floor without an aid?



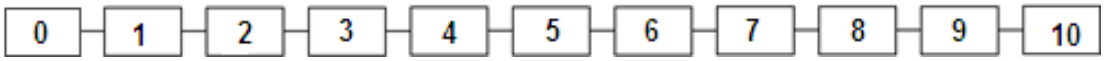
14. reaching up to a high shelf without help or aids (e.g. Helping Hand)?



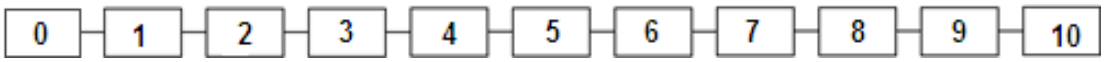
15. Getting out of an arm-less dining chair without using your hands or any help?



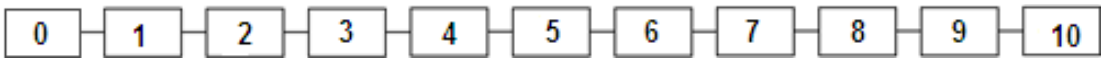
16. Getting up off the floor - without help - from lying on your back?



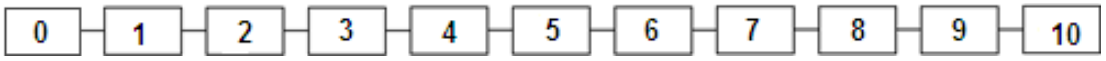
17. Standing unsupported for ten minutes without discomfort?



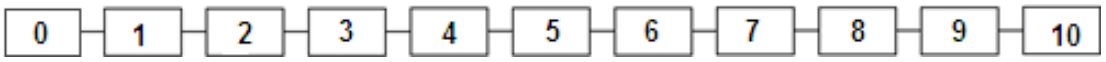
18. Climbing 12-15 steps without using a handrail or walking aid (one foot on each step)?



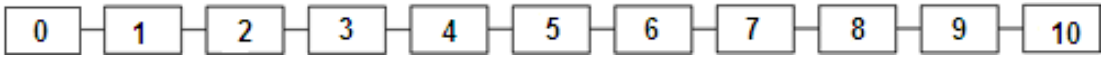
19. Looking over your shoulder without turning your body?



20. Doing physically demanding activities (e.g. physio exercises, gardening, sport)?



21. Doing a full day’s activities at home or at work?



Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

ASQOL:

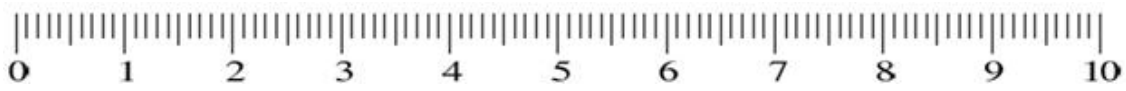
22	My condition limits the places I can go	No ☐ Yes☐
23	I sometimes feel like crying	No ☐ Yes☐
24	I have difficulty dressing	No ☐ Yes☐
25	I struggle to do jobs around the house	No ☐ Yes☐
26	It's impossible to sleep	No ☐ Yes☐
27	I am unable to join in activities with my friends/family	No ☐ Yes☐
28	I am tired all the time	No ☐ Yes☐
29	I have to keep stopping what I am doing to rest	No ☐ Yes☐
30	I have unbearable pain	No ☐ Yes☐
31	It takes a long time to get going in the morning	No ☐ Yes☐
32	I am unable to do jobs around the house	No ☐ Yes☐
33	I get tired easily	No ☐ Yes☐
34	I often get frustrated	No ☐ Yes☐
35	The pain is always there	No ☐ Yes☐
36	I feel I miss out on a lot	No ☐ Yes☐
37	I find it difficult to wash my hair	No ☐ Yes☐
38	My condition gets me down	No ☐ Yes☐
39	I worry about letting people down	No ☐ Yes☐

Patient Acceptable Symptoms State (PASS):

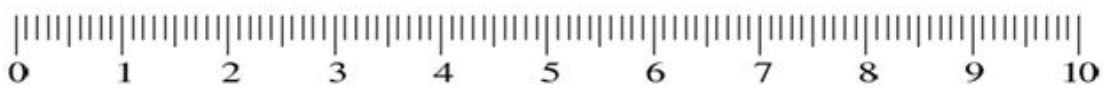
40. Given the impact of your illness on you, if your situation is the same for the following month, do you consider your condition to be satisfactory?

No ☐ Yes☐

Patient Visual Analog Scale (PVAS):



Physician Visual Analog Scale (PVAS):



Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

CLASSIFICATION CRITERIA*:

Modified New York, 1984 Criteria		
Clinical Criterion	1. Low back pain of at least 3 months' duration improved by exercise and not relieved by rest	□
	2. Limitation of lumbar spine in sagittal and frontal planes	□
	3. Chest expansion decreased relative to normal values for age and sex	□
Radiological Criterion	4. Bilateral Sacroiliitis grade 2 to 4	□
	5. Unilateral Sacroiliitis grade 3 or 4	□

Definite AS: Number 4 or 5 **Plus** any clinical criterion

ASAS Classification Criteria for Axial Spondylosis arthritis (SpA) (in Patients with Back Pain ≥ 3 Months and Age at Onset < 45 Years)			
SpA Feature		**Sacroiliitis on imaging**	
Inflammatory back pain	□	Active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA	□
Arthritis	□		
Enthesitis (heel)	□		
Uveitis	□		
Dactylitis	□	**OR**	
Psoriasis	□	Definite radiographic sacroiliitis according to modified New York criteria	□
Crohn's disease/ ulcerative colitis	□		
Good response to NSAIDs	□		
Family history for SpA	□		
HLA-B27	□		
Elevated CRP*	□		

Definite AS: Sacroiliitis on imaging **Plus** ≥ 1 SpA feature **OR**
HLA-B27 **Plus** ≥ 2 other SpA features

Comments:

Physician Name: **Signature:**

Registrar Name: **Signature:**

Lab Samples: DNA□ RNA□ Serum□ **Next Visit Date:**

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

پرسشنامه ارزیابی وضعیت بیمار

نام و نام خانوادگی: **تاریخ:**

لطفاً خانه ای را که نشان دهنده جواب شما است، علامت بزنید. (برای مثال ☒)

۱. درد پشت شبانه

به میزان درد پشتی که در شب در طول هفته گذشته داشتید چه نمره ای می دهید؟

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

بدون درد — شدیدترین درد

۲. درد پشت کلی

به میزان درد پشتی که در هر زمانی از روز در طول هفته گذشته داشتید چه نمره ای می دهید؟

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

بدون درد — شدیدترین درد

۳. در طول هفته گذشته، به میزان فعالیت بیماری خود چه نمره ای می دهید؟

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

هیچ — شدید

٤. در طول هفته گذشته، بیماری شما چه میزان بر روی سلامت شما اثر گذاشته است؟

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

هیچ — بسیار شدید

۵. در طول شش ماه گذشته، بیماری شما چه میزان بر روی سلامت شما اثر گذاشته است؟

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

هیچ — بسیار شدید

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

تمامی سوالات به هفته گذشته برمی‌گردند.

٦. در طول هفته گذشته، به میزان خستگی و یا ضعف ناشی از بیماری خود چه نمره ای می دهید؟

هیچ بسیار شدید

۷. در طول هفته گذشته، به سطح کلی درد گردن، پشت و باسن ناشی از بیماری خود چه نمره ای می دهید؟

هیچ بسیار شدید

۸. در طول هفته گذشته، به سطح کلی درد و یا تورمی که در مفاصلی به جز گردن، پشت و باسن ناشی از بیماری خود داشتید چه نمره ای می دهید؟

هیچ بسیار شدید

۹. در طول هفته گذشته، به سطح کلی ناراحتی که از هر ناحیه حساس به لمس یا فشار داشتید چه نمره ای می دهید؟

هیچ بسیار شدید

۱۰. در طول هفته گذشته، شما به خشکی صبحگاهی که از زمان بیدار شدن داشتید چه نمره ای می دهید؟

هیچ بسیار شدید

۱۱. در طول هفته گذشته، خشکی صبحگاهی شما از زمانی که بیدار می شوید چه مدت طول می کشد؟

۰ ساعت ۱ ساعت ۲ ساعت یا بیشتر

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

- لطفا سطح توانایی خود را با هر یک از فعالیت های زیر در طول هفته گذشته نشان دهید (برای مثال
- (یک وسیله کمکی وسیله ای است که به شما کمک می کند که کار یا حرکتی را انجام دهید)

۱۲. پوشیدن جوراب یا جوراب شلواریتان بدون کمک یا وسایل کمکی

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

۱۳. خم شدن به جلو از کمر برای برداشتن یک خودکار از زمین بدون وسیله کمکی.

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

۱٤. دست دراز کردن به سمت یک قفسه بالا بدون کمک یا وسایل کمکی.

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

۱۵. برخاستن از روی صندلی بدون دسته بدون استفاده از دستهایتان یا هر نوع کمک دیگری

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

۱٦. برخاستن از روی زمین از حالت خوابیده به پشتتان بدون کمک.

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

۱۷. ایستادن بدون حمایت برای ۱۰ دقیقه بدون ناراحتی.

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

۱۸. بالا رفتن از ۱۵-۱۲ پله بدون استفاده از نرده یا وسیله کمکی برای راه رفتن یک پا روی هر پله.

۰	۱	۲	۳	۴	۵	۶	۷	۸	۹	۱۰

راحت غیرممکن

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

۱۹. نگاه کردن به بالای شانه تان بدون چرخاندن بدنتان.

راحت **غیرممکن**

۲۰. انجام فعالیت های فیزیکی دشوار (مانند تمرین های فیزیوتراپی، شستن ماشین یا ورزش ها)

راحت **غیرممکن**

۲۱. انجام فعالیت های یک روز کامل چه در خانه باشد یا در سر کار.

راحت **غیرممکن**

- **در زیر تعدادی از جملاتی را خواهید یافت که توسط بیماران اسپوندیلیت آنکیلوزان بیان شده اند.**
- **لطفا هر جمله را با دقت بخوانید و اگر آن جمله در مورد شما صحیح است "بله" و اگر صحیح نیست "خیر" را علامت بزنید.**

یک پاسخ را که به بهترین شکل وضعیت شما را در این لحظه بیان می کند، علامت بزنید.

۲۲. بیماری من، جاهایی را که من می توانم بروم محدود می کند. بله ☐ خیر ☐

۲۳. من گاهی احساس می کنم دوست دارم گریه کنم. بله ☐ خیر ☐

۲٤. من در پوشیدن لباس مشکل دارم. بله ☐ خیر ☐

۲۵. من برای انجام کارهای منزل تقلا می کنم. بله ☐ خیر ☐

۲٦. خوابیدن برایم غیرممکن است. بله ☐ خیر ☐

۲۷. من در پیوستن به فعالیت هایی به جمع دوستان یا خانواده ناتوان هستم. بله ☐ خیر ☐

۲۸. من تمام مدت خسته هستم. بله ☐ خیر ☐

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65

۲۹. من باید چندین بار بین کاری که انجام می دهم استراحت کنم. بله ☐ خیر ☐

۳۰. من درد غیرقابل تحملی دارم. بله ☐ خیر ☐

۳۱. زمان زیادی طول می کشد تا صبح به راه بیوفتم. بله ☐ خیر ☐

۳۲. من در انجام کارهای خانه ناتوان هستم. بله ☐ خیر ☐

۳۳. من خیلی زود خسته می شوم. بله ☐ خیر ☐

۳٤. من معمولا درمانده می شوم. بله ☐ خیر ☐

۳۵. همیشه درد دارم. بله ☐ خیر ☐

۳٦. من احساس می کنم به علت بیماری چیزهای خوب زیادی را از دست می دهم. بله ☐ خیر ☐

۳۷. شستن موهایم برایم دشوار است. بله ☐ خیر ☐

۳۸. وضعیت من مرا محدود می کند. بله ☐ خیر ☐

۳۹. من نگرانم دیگران را ناامید کنم. بله ☐ خیر ☐

٤۰. با توجه به تأثیر بیماری شما بر روی شما، اگر وضعیت شما برای یک ماه آینده به همین شکل باشد، آیا شرایط خود را رضایت بخش می دانید؟ بله ☐ خیر ☐

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

Rheumatology Research Center, Tehran; Email: info@rheumatry.com; Phone: +98-21-88220064-65