1. What was the date of diagnosis of Rheumatoid Arthritis? [ ] date unknown

2. Did recipient meet the American Rheumatism Association criteria for rheumatoid arthritis? (see definition)
   - 1 yes
   - 2 no
   - 3 unknown

3. Did patient ever have positive titers of serum rheumatoid factor?
   - 1 yes
   - 2 no
   - 3 unknown

4. Specify titers:
   - 1 IgG
   - 2 IgM
   - 3 IgA
   - 4 unknown

5. Was HLA-DRB1 testing performed?
   - 1 yes
   - 2 no
   - 3 unknown

6. Specify DRB1 allele: ______________________

Disease Assessment at Diagnosis

If this is a report of a second or subsequent transplant, check here ☐ and continue with question 78.

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient’s medical records.
Pre-HSCT Treatment for Rheumatoid Arthritis

7. Did the recipient receive any disease-modifying treatments between the time of diagnosis and prior to mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?

<table>
<thead>
<tr>
<th>Treatment Given</th>
<th>Treatment Stopped?</th>
<th>Stopped Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-tumor necrosis factor (TNF)</td>
<td>1. yes</td>
<td>Continue with question 71</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Azathioprine</td>
<td>1. yes</td>
<td>9. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>10. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>1. yes</td>
<td>13. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>14. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>1. yes</td>
<td>21. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>22. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Cyclosporin A</td>
<td>1. yes</td>
<td>25. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>26. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Gold-IM</td>
<td>1. yes</td>
<td>29. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>30. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Gold-PO</td>
<td>1. yes</td>
<td>33. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>34. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Hydroxychloroquine</td>
<td>1. yes</td>
<td>37. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>38. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
<tr>
<td>Leflunomide</td>
<td>1. yes</td>
<td>41. 1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
<td>42. no</td>
</tr>
<tr>
<td></td>
<td>3. unknown</td>
<td></td>
</tr>
</tbody>
</table>

11. If code 3, specify other reason: __________________________

15. If code 3, specify other reason: __________________________

19. If code 3, specify other reason: __________________________

23. If code 3, specify other reason: __________________________

27. If code 3, specify other reason: __________________________

31. If code 3, specify other reason: __________________________

35. If code 3, specify other reason: __________________________

39. If code 3, specify other reason: __________________________

43. If code 3, specify other reason: __________________________

Codes for Treatment Stopped
1. Failure 2. Toxicity 3. Other reason 4. Reason unknown
<table>
<thead>
<tr>
<th>Treatment Given</th>
<th>Treatment Stopped</th>
<th>Stopped Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td>47. If code 3, specify other reason: ____________________________</td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Maximum weekly dose of methotrexate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 known</td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>2 not known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Duration of methotrexate therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 known</td>
<td></td>
<td>months</td>
</tr>
<tr>
<td>2 not known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minocycline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td>53. If code 3, specify other reason: ____________________________</td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penicillamine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td>57. If code 3, specify other reason: ____________________________</td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rituximab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td>61. If code 3, specify other reason: ____________________________</td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfasalazine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td>65. If code 3, specify other reason: ____________________________</td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>67. Specify other treatment: ____________________________</td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td>68. Specify the date that the recipient last received disease-modifying drugs or anti-TNF regimen:</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td>69. If code 3, specify other reason: ____________________________</td>
<td></td>
</tr>
<tr>
<td>71. Did the recipient stop receiving disease-modifying drugs (e.g., cyclophosphamide, methotrexate, etc.) or anti-TNF regimen (not NSAIDS) prior to mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. Was the recipient receiving non-steroidal anti-inflammatory drugs (NSAIDS) within 4 weeks of mobilization for stem cell collection (or high-dose therapy if mobilization was not done)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74. Were the NSAIDS discontinued prior to mobilization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td>3 unknown</td>
<td></td>
</tr>
<tr>
<td>75. Specify the date NSAIDS were stopped:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td>1 yes</td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td>2 no</td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td>3 unknown</td>
<td></td>
</tr>
<tr>
<td>76. Specify the reason for stopping (see Codes for Treatment Stopped on previous page):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77. If code 3, specify other reason: ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-Mobilization Evaluation

78. Date of evaluation prior to mobilization for stem cell collection: [Month] [Day] [Year]

79. Specify the number of painful / tender joints prior to mobilization: (Eular/ACR 28 joint count; Fuchs and Pincus, Arthritis Rheum, 1994, 37:470. Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.)

80. Specify the number of swollen / effused joints prior to mobilization: (Eular/ACR 28 joint count; Fuchs and Pincus, Arthritis Rheum, 1994, 37:470. Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.)

81. Was morning stiffness present just prior to mobilization?
   1. yes
   2. no
   3. unknown

82. Specify duration: [Hours] : [Minutes]

83. Were extra-articular manifestations of RA present just prior to mobilization?
   1. yes
   2. no
   3. unknown

84. Were nodules present?
   1. yes
   2. no

85. Were other manifestations present?
   1. yes
   2. no

Laboratory Studies Prior to Mobilization for Stem Cell Collection

Specify if any of the following laboratory values were elevated prior to mobilization:

87. Antinuclear antibody (ANA) titers
   1. yes
   2. no
   3. unknown

88. C-reactive protein
   1. yes
   2. no
   3. unknown

89. Erythrocyte sedimentation rate (ESR)
   1. yes
   2. no
   3. unknown

90. Serum rheumatoid factor (RF) titers
   1. yes
   2. no
   3. unknown

91. Date CBC tested: [Month] [Day] [Year]

92. WBC:
   1. known
   2. not known

93. Segs:
   1. known
   2. not known

94. Bands:
   1. known
   2. not known

95. Lymphocytes:
   1. known
   2. not known

Specify units:
   1. x 10^9/L (x 10^3/mm^3)
   2. x 10^9/L
<table>
<thead>
<tr>
<th>Test</th>
<th>Known</th>
<th>Unknown</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monocytes:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Eosinophils:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Basophils:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hematocrit:</td>
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<td></td>
</tr>
<tr>
<td>Platelets:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Creatinine:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alkaline phosphatase:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AST:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALT:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total bilirubin:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albumin:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

96. Monocytes:  
1. known  __  %  
2. not known  __

97. Eosinophils:  
1. known  __  %  
2. not known  __

98. Basophils:  
1. known  __  %  
2. not known  __

99. Hemoglobin:  
1. known  __  g/dL  
2. not known  __

100. Hematocrit:  
1. known  __  %  
2. not known  __

101. Platelets:  
1. known  __  x 10^9/L (x 10^3/mm^3)  
2. not known  __

102. Creatinine:  
1. known  __  mg/dL  
2. not known  __

103. Alkaline phosphatase:  
1. known  __  U/L  
2. not known  __

104. AST:  
1. known  __  U/L  
2. not known  __

105. ALT:  
1. known  __  U/L  
2. not known  __

106. Total bilirubin:  
1. known  __  g/dL  
2. not known  __

107. Albumin:  
1. known  __  g/dL  
2. not known  __

108. Were radiographic bone erosions present prior to mobilization?  
1. yes  __  
2. no  __  
3. unknown  __

**Recipient Pain Self-Assessment**

Specify the recipient's assessment of pain level experienced due to disease in the 2 weeks prior to mobilization:

109. Recipient's pain assessment:  __  
110. Worst possible pain score:  __  
111. Best possible pain score:  __  

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
### Recipient Disability Self-Assessment

112. Did the recipient complete an SF-36 Health Survey prior to mobilization?
- 1. Yes
- 2. No
- 3. Unknown

113. How is the score reported?
- 1. Transformed score (range 0–100)
- 2. Raw score
- 3. Unknown

Specify the following scale scores:

<table>
<thead>
<tr>
<th>Question</th>
<th>Score Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>114. Physical Functioning</td>
<td></td>
</tr>
<tr>
<td>115. Role Functioning-Physical</td>
<td></td>
</tr>
<tr>
<td>116. Role Functioning-Emotional</td>
<td></td>
</tr>
<tr>
<td>117. Social Functioning</td>
<td></td>
</tr>
<tr>
<td>118. Bodily Pain</td>
<td></td>
</tr>
<tr>
<td>119. Mental Health</td>
<td></td>
</tr>
<tr>
<td>120. Vitality</td>
<td></td>
</tr>
<tr>
<td>121. General Health</td>
<td></td>
</tr>
</tbody>
</table>

122. Did the recipient complete a Health Assessment Questionnaire (HAQ) prior to mobilization?
- 1. Yes
- 2. No
- 3. Unknown

123. Recipient’s score:

124. Worst possible function score:

125. Best possible function score:

126. Did the recipient complete a Global Assessment of Functioning of his/her own health prior to mobilization?
- 1. Yes
- 2. No
- 3. Unknown

127. Recipient-rated Global Assessment score:

128. Worst possible score:

129. Best possible score:

130. Did the physician complete a Global Assessment of Functioning of the recipient’s health prior to mobilization?
- 1. Yes
- 2. No
- 3. Unknown

131. Physician-rated Global Assessment score:

132. Worst possible score:

133. Best possible score:
Evaluation Prior to the Preparative Regimen (High-Dose Therapy)

Information for this section should come from the most recent evaluation performed ≤ 2 weeks prior to the preparative regimen. If the recipient was not evaluated prior to the preparative regimen, check here ☐ and continue with the signature lines at question 178.

134. Was an assessment performed after mobilization and prior to starting conditioning (high-dose therapy)?
   1 ☐ yes
   2 ☐ no
   3 ☐ unknown

Continue with the signature lines at question 178

135. Date of evaluation prior to the preparative regimen:

   Month   Day   Year

136. Specify the number of painful / tender joints prior to the preparative regimen: (Eular/ACR 28 joint count; Fuchs and Pincus, Arthritis Rheum, 1994, 37:470. Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.)

   ☐ number unknown

137. Specify the number of swollen / effused joints prior to the preparative regimen: (Eular/ACR 28 joint count; Fuchs and Pincus, Arthritis Rheum, 1994, 37:470. Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees.)

   ☐ number unknown

138. Was morning stiffness present just prior to the preparative regimen?

   1 ☐ yes
   2 ☐ no
   3 ☐ unknown

139. Specify duration:

   Hours:    Minutes

140. Were extra-articular manifestations of RA present just prior to the preparative regimen?

   1 ☐ yes
   2 ☐ no
   3 ☐ unknown

141. Were nodules present?

   1 ☐ yes
   2 ☐ no

142. Were other manifestations present?

   1 ☐ yes
   2 ☐ no

143. Specify:

Specify if any of the following signs / symptoms were elevated prior to the preparative regimen:

144. ☐ yes 2 ☐ no 3 ☐ unknown     Antinuclear antibody (ANA) titers

145. ☐ yes 2 ☐ no 3 ☐ unknown     C-reactive protein

146. ☐ yes 2 ☐ no 3 ☐ unknown     Erythrocyte sedimentation rate (ESR)

147. ☐ yes 2 ☐ no 3 ☐ unknown     Serum rheumatoid factor (RF) titers

Laboratory Values Prior to the Preparative Regimen

148. Date tested:    Month   Day   Year

   (testing done within 30 days of start of preparative regimen)

149. Alkaline phosphatase:

   1 ☐ known
   2 ☐ not known

   1 ☐ U/L
   2 ☐ µkat/L

150. Albumin:

   1 ☐ known
   2 ☐ not known

   1 ☐ g/dL
   2 ☐ g/L

151. Were radiographic bone erosions present prior to the preparative regimen?

   1 ☐ yes
   2 ☐ no
   3 ☐ unknown
Recipient Pain Self-Assessment
Specify the recipient’s assessment of pain level experienced due to disease in the 2 weeks prior to the preparative regimen:

152. Recipient’s pain assessment:  
153. Worst possible pain score:  
154. Best possible pain score:  

Recipient Disability Self-Assessment
155. Did the recipient complete an SF-36 Health Survey prior to the preparative regimen?  
1  yes  
2  no  
3  unknown  
156. How is the score reported?  
1  transformed score (range 0–100)  
2  raw score  
3  unknown  
Specify the following scale scores:

157. Physical Functioning:  
158. Role Functioning-Physical:  
159. Role Functioning-Emotional:  
160. Social Functioning:  
161. Bodily Pain:  
162. Mental Health:  
163. Vitality:  
164. General Health:  

156. Recipient’s score:  
157. Worst possible function score:  
158. Best possible function score:  
160. Recipient-rated Global Assessment score:  
172. Best possible score:  

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
173. Did the physician complete a Global Assessment of Functioning of the recipient’s health prior to the preparative regimen?

1  yes
2  no
3  unknown

174. Physician-rated Global Assessment score:

175. Worst possible score:

176. Best possible score:

177. Specify the recipient’s percent of clinical improvement compared to the evaluation just prior to mobilization, according to the criteria of the American College of Rheumatology (ACR) (see definition):

1  disease is worse
2  no improvement
3  20% improvement (ACR20)
4  50% improvement (ACR50)
5  70% improvement (ACR70)
6  remission
7  not applicable, not mobilized
8  unknown

Requires 20%* or more improvement in tender and swollen joint count plus 20%* or more improvement in 3 of following 5 criteria:

- Patient pain assessment
- Patient global assessment
- Physician global assessment
- Patient self-assessed disability
- Acute-phase reactant (ESR or CRP)

* Substitute 50% or 70% for 50% and 70% improvement levels, respectively.

178. Signed: ____________________________

Person completing form

Please print name: ____________________________

Phone: (________) ____________________________

Fax: (________) ____________________________

E-mail address: ____________________________