

INSERT XXII
Rheumatoid Arthritis

FOR REGISTRY USE ONLY:
I.D. - -
Date received: _____

TEAM: IUBMID:
(Institutional Unique Blood or Marrow Transplant Identification Number)

Registry (circle one): **IBMTR** ABMTR EBMT

Date of transplant for which this form is being completed:
Month Day Year

Date of report:
Month Day Year

Pretransplant Information*

* If this is a report of a second (or subsequent) transplant, check here and go to Q.48

1. Date of diagnosis:
Month Day Year

2. Did patient meet the American Rheumatism Association criteria for rheumatoid arthritis (See Appendix A)?
- 1 Yes
0 No
8 Unknown

Appendix A
(Arnett et al, "Arthritis Rheum" 1988, 31:315)
4 or more criteria must be present to classify a patient as having rheumatoid arthritis:

- 1 = Morning stiffness for at least 1 hour and present for at least 6 weeks
- 2 = Swelling of 3 or more joints for at least 6 weeks
- 3 = Swelling of wrist, metacarpophalangeal or proximal interphalangeal joints for 6 or more weeks
- 4 = Symmetric joint swelling
- 5 = Hand roentgenogram changes typical of rheumatoid arthritis that must include erosions or unequivocal bony decalcification
- 6 = Rheumatoid nodules
- 7 = Serum rheumatoid factor by a method positive in <5% of normals

3. Did patient ever have positive titers of serum rheumatoid factor?
- 1 Yes
0 No
8 Unknown
4. Specify:
- 1 IgG
2 IgM
3 IgA
8 Unknown

5. Was HLA DRB1 testing performed?
- 1 Yes
0 No
8 Unknown
6. Specify DRB1 allele:

Retired - Not for Data Submission

TEAM:

IUBMID:

Therapy History

Cite all disease-modifying treatments received by patient between time of diagnosis and prior to mobilization for stem cell collection (or high-dose therapy if mobilization not done):

Yes No Unk Treatment Reason for Stopping (use codes below)

Drugs:

- | | | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|----------------------------------|-----|--------------------------|-----------------------------------|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anti-tumor necrosis factor (TNF) | 8. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Azathioprine | 10. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corticosteroids | 12. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cyclophosphamide | 14. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cyclosporin A | 16. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gold-IM | 18. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gold-PO | 20. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydroxychloroquine | 22. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leflunomide | 24. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Methotrexate | 26. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
- Specify:

27. Maximum weekly dose: mg Unknown

28. Duration of therapy: months Unknown
- | | | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|-----------------------|-----|--------------------------|-----------------------------------|
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minocycline | 30. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Penicillamine | 32. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sulfasalazine | 34. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ | 36. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ | 38. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ | 40. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ | 42. | <input type="checkbox"/> | —If <i>Other</i> , specify: _____ |

Reason for Stopping Codes

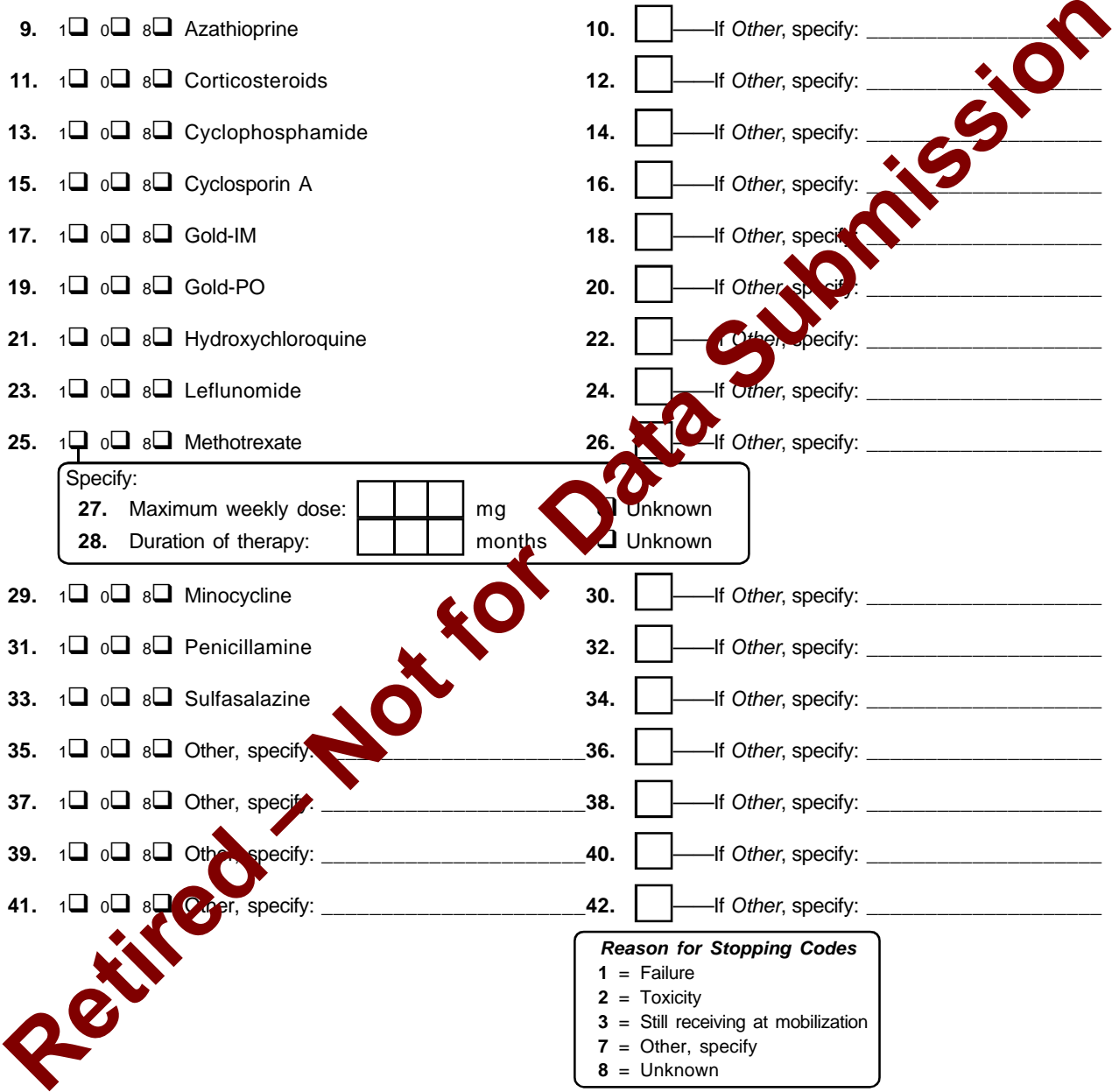
1 = Failure

2 = Toxicity

3 = Still receiving at mobilization

7 = Other, specify

8 = Unknown



TEAM:

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43. Date patient last received disease-modifying drug (e.g. cyclophosphamide, methotrexate, etc) or anti-TNF regimen (not NSAIDs) prior to mobilization for stem cell collection (or high-dose therapy if mobilization not done):
 7 Still receiving
8 Unknown
Month Day Year

44. Was patient receiving non-steroidal anti-inflammatory drugs (NSAIDs) within 4 weeks of mobilization for stem cell collection (or high-dose therapy if mobilization not done)?
1 Yes
0 No
8 Unknown

45. Were the NSAIDs discontinued prior to mobilization?
1 Yes 0 No 8 Unknown

46. Reason for stopping (see codes on pg 2): If Other, specify: _____

47. Date stopped: 8 Unknown
Month Day Year

Pre-mobilization Evaluation*

* Evaluation should be performed ≤ 4 weeks prior to mobilization for stem cell collection; If patient did not receive mobilization therapy, check here and go to Q.101

48. Date of evaluation prior to mobilization for stem cell collection:
Month Day Year

49. Indicate number of painful/tender joints prior to mobilization (Eular/ACR 28 joint count, Appendix B): 8 Unknown

50. Indicate number of swollen/effused joints prior to mobilization (Eular/ACR 28 joint count, Appendix B): 8 Unknown

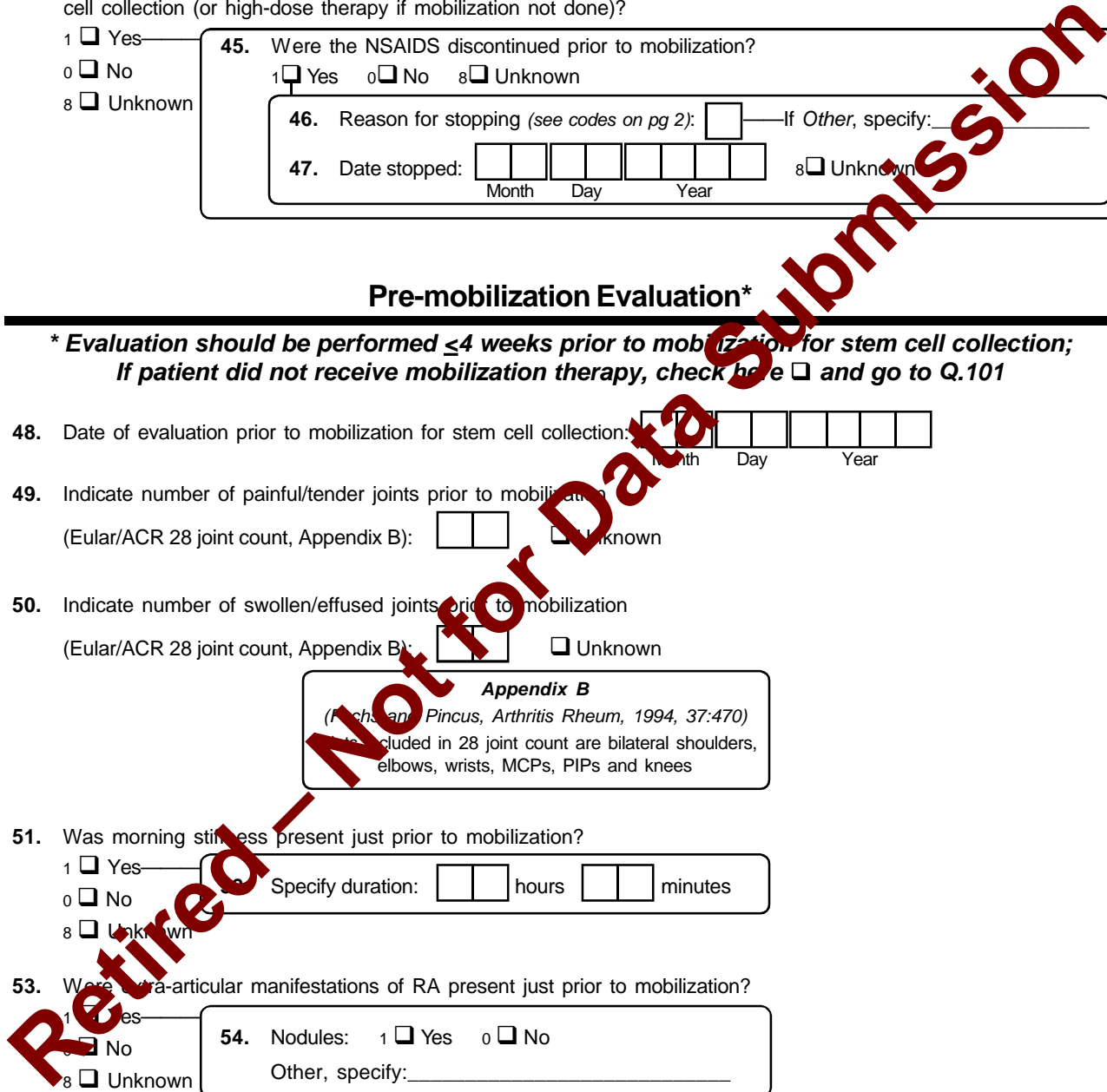
Appendix B
(Richman, Pincus, Arthritis Rheum, 1994, 37:470)
Joints included in 28 joint count are bilateral shoulders, elbows, wrists, MCPs, PIPs and knees

51. Was morning stiffness present just prior to mobilization?
1 Yes
0 No
8 Unknown
Specify duration: hours minutes

53. Were extra-articular manifestations of RA present just prior to mobilization?
1 Yes
0 No
8 Unknown

54. Nodules: 1 Yes 0 No
Other, specify: _____

	Yes	No	Unknown
55. Were serum rheumatoid factor (RF) titers elevated prior to mobilization?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
56. Was the erythrocyte sedimentation rate (ESR) elevated prior to mobilization?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
57. Was C-reactive protein elevated prior to mobilization?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
58. Were anti-nuclear antibody (ANA) titers elevated prior to mobilization?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>



TEAM:

IUBMID:

Laboratory Values Prior to Mobilization for Stem Cell Collection

		<u>Specify Units</u>	<u>Unknown</u>
59. Hemoglobin:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> g/dL 2 <input type="checkbox"/> g/L 3 <input type="checkbox"/> mmol/L	<input type="checkbox"/>
60. Hematocrit:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
61. WBC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> $\times 10^9/L$ ($\times 10^3/mm^3$) 2 <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>
Differential			
62. Segs:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
63. Bands:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
64. Lymphocytes:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
65. Monocytes:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
66. Eosinophils:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
67. Basophils:	<input type="text"/> <input type="text"/> %		<input type="checkbox"/>
68. Platelets:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> $\times 10^9/L$ ($\times 10^3/mm^3$) 2 <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>
69. Creatinine:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> mmol/L 3 <input type="checkbox"/> μ mol/L	<input type="checkbox"/>
70. Alkaline phosphatase:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μ kat/L	<input type="checkbox"/>
71. AST:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μ kat/L	<input type="checkbox"/>
72. ALT:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μ kat/L	<input type="checkbox"/>
73. Total Bilirubin:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> μ mol/L	<input type="checkbox"/>
74. Albumin:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> g/dL 2 <input type="checkbox"/> g/L	<input type="checkbox"/>
75. Were radiographic bone erosions present prior to mobilization?			
1	<input type="checkbox"/> Yes		
0	<input type="checkbox"/> No		
8	<input type="checkbox"/> Unknown		

Retired - Not for Data Submission

TEAM:

IUBMID:

Patient Pain Assessment

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

- 76. Patient's pain assessment: .
- 77. Worst possible score: .
- 78. Best possible score: .

Patient Self-assessed Disability

79. Did the patient complete an SF-36™ Health Survey prior to mobilization?

- 1 Yes
- 0 No
- 8 Unknown

80. Score reported as:	<input type="checkbox"/> Transformed Score (range 0-100)
	<input type="checkbox"/> Raw Score
	<input type="checkbox"/> Unknown
81. Physical Functioning:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
82. Role Functioning-Physical:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
83. Role Functioning-Emotional:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
84. Social Functioning:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
85. Bodily Pain:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
86. Mental Health:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
87. Vitality:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown
88. General Health:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="checkbox"/> Unknown

89. Did the patient complete a Health Assessment Questionnaire (HAQ) prior to mobilization?

- 1 Yes
- 0 No
- 8 Unknown

90. Patient's score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
91. Worst possible score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
92. Best possible score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

93. Did the patient complete a Global Assessment of his/her health prior to mobilization?

- 1 Yes
- 0 No
- 8 Unknown

Specify range of possible scores for Patient Rated Global Assessment:

94. Patient Rated Global Assessment:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
95. Worst possible score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
96. Best possible score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

97. Did the physician complete a Global Assessment of the patient's health prior to mobilization?

- 1 Yes
- 0 No
- 8 Unknown

Specify range of possible scores for Physician Rated Global Assessment:

98. Physician Rated Global Assessment:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
99. Worst possible score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
100. Best possible score:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

Retired - Not for Data Submission

TEAM: [][][][]

IUBMID: [][][][][][][]

Evaluation Prior to Conditioning (High-dose Therapy)*

** Evaluation should be performed ≤ 2 weeks prior to conditioning*

101. Was an assessment performed after mobilization and prior to starting conditioning (high-dose therapy)?

1 Yes

0 No Go to Q.142

102. Date of evaluation prior to conditioning: [][][] [][][] [][][][][]
Month Day Year

103. Indicate number of painful/tender joints prior to conditioning
(Eular/ACR 28 joint count, Appendix B): [][] Unknown

104. Indicate number of swollen/effused joints prior to conditioning
(Eular/ACR 28 joint count, Appendix B): [][] Unknown

Appendix B
(Fuchs and Pincus, Arthritis Rheum, 1994, 37:47)
Joints included in 28 joint count are bilateral shoulders,
elbows, wrists, MCPs, PIPs and knees

105. Was morning stiffness present just prior to conditioning?
1 Yes
0 No
8 Unknown

106. Specify duration: [][] hour [][] minutes

107. Were extra-articular manifestations of RA present just prior to conditioning?
1 Yes
0 No
8 Unknown

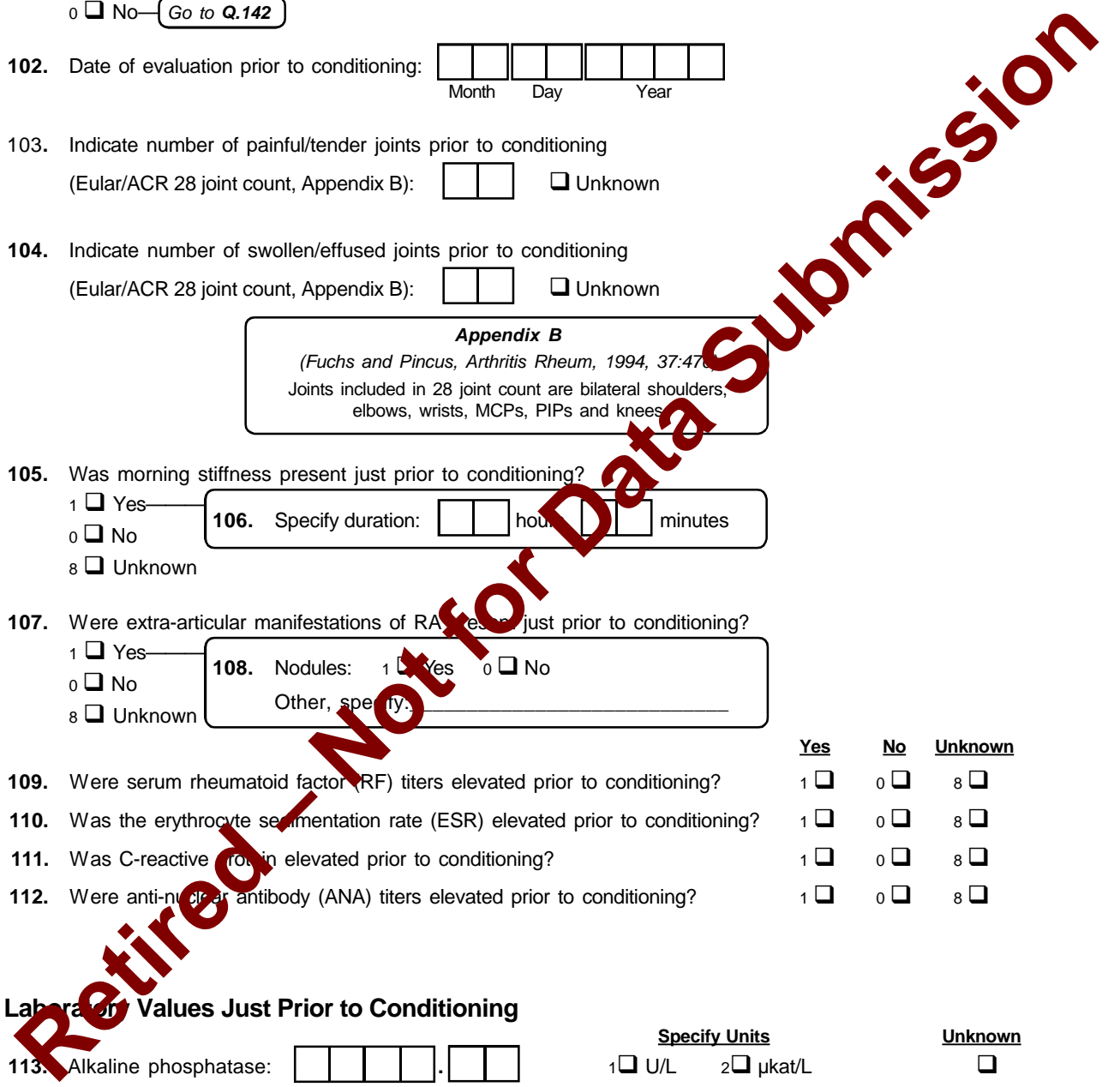
108. Nodules: 1 Yes 0 No
Other, specify: _____

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
109. Were serum rheumatoid factor (RF) titers elevated prior to conditioning?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
110. Was the erythrocyte sedimentation rate (ESR) elevated prior to conditioning?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
111. Was C-reactive protein elevated prior to conditioning?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
112. Were anti-nuclear antibody (ANA) titers elevated prior to conditioning?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

Laboratory Values Just Prior to Conditioning

	<u>Specify Units</u>	<u>Unknown</u>
113. Alkaline phosphatase: [][][][] . [][]	1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μ kat/L	<input type="checkbox"/>
114. Albumin: [][][] . [][]	1 <input type="checkbox"/> g/dL 2 <input type="checkbox"/> g/L	<input type="checkbox"/>

115. Were radiographic bone erosions present prior to conditioning?
1 Yes
0 No
8 Unknown



TEAM:

IUBMID:

Patient Pain Assessment Prior to Conditioning

Patient's assessment of level of pain experienced due to disease in the 2 weeks prior to conditioning:

- 116. Patient's pain assessment:

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
- 117. Worst possible score:

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
- 118. Best possible score:

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

Patient Self-assessed Disability Prior to Conditioning

119. Did the patient complete an SF-36™ Health Survey prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

120. Score reported as:	<input type="checkbox"/> Transformed Score (range 0-100)																			
	<input type="checkbox"/> Raw Score																			
	<input type="checkbox"/> Unknown																			
121. Physical Functioning:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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122. Role Functioning-Physical:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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123. Role Functioning-Emotional:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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124. Social Functioning:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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125. Bodily Pain:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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126. Mental Health:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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127. Vitality:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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128. General Health:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="checkbox"/> Unknown			
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129. Did the patient complete a Health Assessment Questionnaire (HAQ) prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

Specify:																				
130. Patient's score:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>				
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131. Worst possible score:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>				
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132. Best possible score:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>				
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133. Did the patient complete a Global Assessment of his/her health prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

Specify range of possible scores for Patient Rated Global Assessment:																				
134. Patient Rated Global Assessment:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>				
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135. Worst possible score:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>				
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136. Best possible score:	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>.</td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>				
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Retired / Not for Data Submission

TEAM:

IUBMID:

Patient Self-assessed Disability Prior to Conditioning (continued)

137. Did the physician complete a Global Assessment of the patient's health prior to conditioning?

- 1 Yes
- 0 No
- 8 Unknown

Specify range of possible scores for Physician Rated Global Assessment:

138. Physician Rated Global Assessment:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

139. Worst possible score:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

140. Best possible score:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

141. Specify percent clinical improvement compared with evaluation just prior to mobilization according to criteria of the American College of Rheumatology (ACR) (see Appendix C):

- 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

Appendix C
(Felson et al, "Arthritis Rheum" 1995, 38:727)

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

- 1 = Patient pain assessment
- 2 = Patient global assessment
- 3 = Physician global assessment
- 4 = Patient self-assessed disability
- 5 = Acute phase reactant (ESR or CRP)
- 6 = Remission

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

Retired - Not for Data Submission

TEAM:

IUBMID:

Posttransplant Evaluation*

** To be completed at 100 days posttransplant or at time of death if death occurs <100 days after transplant*

142. Date of evaluation for this report:
Month Day Year

143. Did patient receive treatment for rheumatoid arthritis posttransplant?
1 Yes 0 No 8 Unknown

Reason for Therapy Codes

- 1 = Planned per protocol
- 2 = Continued from pretransplant
- 3 = Relapse/Progression of RA
- 7 = Other, specify
- 8 = Unknown

Cite regimens:	Reason for Therapy (use codes above)			Start Date			Still Receiving
	Yes	No	Unk	Month	Day	Year	
144. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Anti-tumor necrosis factor (TNF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
145. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
146. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Azathioprine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
147. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
148. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
149. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
150. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Cyclophosphamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
151. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
152. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Cyclosporin A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
153. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
154. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Gold-IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
155. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
156. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Gold-PP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
157. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
158. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Hydroxychloroquine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
159. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
160. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Leflunomide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
161. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
162. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Methotrexate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
163. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
164. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Minocycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
165. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
166. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Penicillamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
167. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
168. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Sulfasalazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
169. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
170. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
171. <input type="checkbox"/> —If Other, specify: _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

Disease Status at Current Evaluation

172. Indicate number of painful/tender joints (Eular/ACR 28 joint count, Appendix B): Unknown

173. Indicate number of swollen/effused joints (Eular/ACR 28 joint count, Appendix B): Unknown

Appendix B
(Fuchs and Pincus, Arthritis Rheum, 1994, 37:470)
Joints included in 28 joint count are bilateral shoulders,
elbows, wrists, MCPs, PIPs and knees

174. Was morning stiffness present?

- 1 Yes
- 0 No
- 8 Unknown

175. Specify duration: hours minutes

176. Were extra-articular manifestations of RA present?

- 1 Yes
- 0 No
- 8 Unknown

177. Nodules: 1 Yes 0 No
Other, specify: _____

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
178. Were serum rheumatoid factor (RF) titers elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
179. Was the erythrocyte sedimentation rate (ESR) elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
180. Was C-reactive protein elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
181. Were anti-nuclear antibody (ANA) titers elevated?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

182. Specify percent clinical improvement at best response since transplant compared with evaluation just prior to mobilization according to criteria of the American College of Rheumatology (ACR) (see Appendix C):

1 Disease is worse—Date of progression:

Month Day Year

2 No improvement

3 20% improvement (ACR20)—Date of maximal improvement:

Month Day Year

4 50% improvement (ACR50)—Date of maximal improvement:

Month Day Year

5 70% improvement (ACR70)—Date of maximal improvement:

Month Day Year

6 Remission—Date of remission:

Month Day Year

Appendix C
(Felson et al, "Arthritis Rheum" 1995, 38:727)

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

- 1 = Patient pain assessment
- 2 = Patient global assessment
- 3 = Physician global assessment
- 4 = Patient self-assessed disability
- 5 = Acute phase reactant (ESR or CRP)
- 6 = Remission

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

183. Specify percent clinical improvement at current evaluation compared with evaluation just prior to mobilization according to criteria of the American College of Rheumatology (ACR) (see Appendix C):

1 Disease is worse—Date of progression, if different from Q.182:

Month Day Year

2 No improvement

3 20% improvement (ACR20)

4 50% improvement (ACR50)

5 70% improvement (ACR70)

6 Remission

8 Unknown

Specify which of the following criteria for clinical remission of rheumatoid arthritis this patient fulfills according to criteria of the American College of Rheumatology (ACR) (see Appendix D) (check all that apply):

Yes No Unknown

184. 1 0 8 None

185. 1 0 8 Duration of morning stiffness not exceeding 15 minutes

186. 1 0 8 No fatigue

187. 1 0 8 No joint pain (by history)

188. 1 0 8 No joint tenderness or pain on motion

189. 1 0 8 No soft tissue swelling in joints or tendon sheaths

190. 1 0 8 Erythrocyte sedimentation rate (Westergren method) <30 mm/hr for a female or <20 mm/hr for a male

191. 1 0 8 Unknown

Appendix D
(Pinals et al, Arthritis Rheum, 1981, 24:1308)

5 or more of the criteria must be fulfilled for at least 2 consecutive months.

No alternative explanation may be invoked to account for the failure to meet a particular requirement. For instance, in the presence of knee pain, which might be related to degenerative arthritis, a point for "no joint pain" may not be awarded.

Exclusions: Clinical manifestations of active vasculitis, pericarditis, pleuritis or myositis, and unexplained recent weight loss or fever attributable to rheumatoid arthritis will prohibit a designation of complete clinical remission.

TEAM:

IUBMID:

Patient Pain Assessment

Patient's assessment of level of pain experienced due to disease in the week prior to current evaluation:

- 192. Patient's pain assessment:

 .

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- 193. Worst possible score:

 .

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- 194. Best possible score:

 .

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Patient Self-assessed Disability

195. Did the patient complete an SF-36™ Health Survey at current evaluation?

- 1 Yes
- 0 No
- 8 Unknown

196. Score reported as:														
1 <input type="checkbox"/> Transformed Score (range 0-100)														
2 <input type="checkbox"/> Raw Score														
8 <input type="checkbox"/> Unknown														
197. Physical Functioning:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
198. Role Functioning-Physical:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
199. Role Functioning-Emotional:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
200. Social Functioning:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
201. Bodily Pain:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
202. Mental Health:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
203. Vitality:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													
204. General Health:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> <input type="checkbox"/> Unknown													

205. Did the patient complete a Health Assessment Questionnaire (HAQ) at current evaluation?

- 1 Yes
- 0 No
- 8 Unknown

206. Patient's score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													
207. Worst possible score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													
208. Best possible score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													

209. Did the patient complete a Global Assessment of his/her health at current evaluation?

- 1 Yes
- 0 No
- 8 Unknown

	Specify range of possible scores for Patient Rated Global Assessment:													
209. Patient Rated Global Assessment:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													
210. Worst possible score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													
211. Best possible score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													

212. Did the physician complete a Global Assessment of the patient's health at current evaluation?

- 1 Yes
- 0 No
- 8 Unknown

	Specify range of possible scores for Physician Rated Global Assessment:													
213. Physician Rated Global Assessment:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													
214. Worst possible score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													
215. Best possible score:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>													

