Rheumatoid Arthritis

IDGN-RA-A20

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA	Yes	No
1. Patient is diagnosed with Rheumatoid Arthritis according to the American College of Rheumatology 1987 revised criteria.	☐	☐
2. All 4 grandparents are of Ashkenazi Jewish origin, as declared by the subject.	☐	☐
3. Subject or subject's legal representative has signed the informed consent form.	☐	☐
EXCLUSION CRITERIA	**Yes**	**No**
1. Subject is diagnosed with one or more of the following: Congenital or developmental damage to the affected joints (i.e. congenital dislocation of hip); history of severe trauma to, or infection of, the affected joints; metabolic derangements: hemochromatosis, Wilson's disease, acromegaly, hyperpararthyroidism; crystal deposition arthritis: monosodium urate, calcium pyrophosphate dehydrogenase, calcium hydroxyapatite and calcium oxalate; osteoarthritis; psoriatic and reactive arthritis; collagen vascular disease; sarcoidosis; Paget's disease of bone; neuropathic joint.	☐	☐
2. Subject is a known carrier of a blood transmitted infectious disease or suffers from conditions in which phlebotomy is contra-indicated.	☐	☐

Subject is eligible for the study, if all INCLUSION criteria are YES and all EXCLUSION criteria are NO.

INVESTIGATOR'S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

________________	________________	☐☐ / ☐☐ / ☐☐
Investigator's name (printed)	Investigator's signature	Day Month Year

Where appropriate mark like this ☒ (not like this √)

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II. DEMOGRAPHICS

1. Sex: ☐ **Male**

☐ **Female**

2. Year of birth: ☐☐☐☐

3. Country of birth: ____________

4. Year of immigration: ☐☐☐☐

5. Height*: ☐☐☐ cm

6. Weight*: ☐☐☐ kg

* If measurements cannot be carried out, subject declaration is sufficient.

III. FAMILY HISTORY

1. Mother

	Country of birth
1.1 Mother:	________
1.2 Grandfather:	________
1.3 Grandmother:	________

2. Father

	Country of birth
2.1 Father:	________
2.2 Grandfather:	________
2.3 Grandmother:	________

3. Blood relatives:

3.1 Specify total number of siblings (including patient): ☐☐

3.2 For close relatives **known to suffer from arthritis**, mark gender and specify affected joint/s:

	Gender		**Hip**	**Knee**	**Hand**
	M	F			
Mother			☐	☐	☐
Father			☐	☐	☐
Sib. 1	☐	☐	☐	☐	☐
Sib. 2	☐	☐	☐	☐	☐
Sib. 3	☐	☐	☐	☐	☐

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IV. CLINICAL CHARACTERISTICS

1. Age at first appearance of synovitis: ☐☐

2. Diagnosis was established by the following criteria:	**Yes**	**No**
a. Morning stiffness	☐	☐
b. Arthritis of three or more joint areas	☐	☐
c. Arthritis of hand joints	☐	☐
d. Symmetric arthritis	☐	☐
e. Rheumatoid nodules	☐	☐
f. Elevated serum rheumatoid factor	☐	☐
g. Radiographic changes	☐	☐

3. For the following joints please specify whether involved. Are there deformities?

	Clinical evidence of arthritis		**Deformities**	
	Yes	No	Yes	No
PIPs[1]	☐	☐	☐	☐
MCPs[2]	☐	☐	☐	☐
Wrists	☐	☐	☐	☐
Elbows	☐	☐	☐	☐
Knees	☐	☐	☐	☐
Ankles	☐	☐	☐	☐
MTPs[3]	☐	☐	☐	☐
Cervical spine	☐	☐	☐	☐

[1]PIPs – Proximal inter-phalangeals.

[2]MCPs – Metacarpo-phalangeals.

[3]MTPs – Meta-tarso phalangeals.

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IV. CLINICAL CHARACTERISTICS – cont.

4. Does / did the patient experience extra-articular manifestations?	**Yes**	**No**
a. Fatigue / fever / weight loss	☐	☐
b. Vasculitis	☐	☐
c. Pleuropulmonary disease	☐	☐
d. Felty's syndrome	☐	☐
e. Other, specify: ______		

5. Specify other chronic diseases: ______

______

______

______

______

For women:	**Yes**	**No**
6. Did the patient use oral contraceptives?	☐ *	☐
*If yes, specify number of treatment years: ☐☐		
7. Specify number of full term pregnancies: ☐☐		

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V. MEDICATIONS

Regarding drug therapy, please fill the table where appropriate:

Drugs	Number of treatment years	Drug is / was considered clinically effective		Drug is / was shown to decrease serologic markers		Drug stopped due to an adverse reaction		*Specify the adverse reaction
		Yes	No	Yes	No	Yes*	No	
Methotrexate	☐☐	☐	☐	☐	☐	☐	☐	________
Gold salts	☐☐	☐	☐	☐	☐	☐	☐	________
Sulfasalazine	☐☐	☐	☐	☐	☐	☐	☐	________
Azathioprine	☐☐	☐	☐	☐	☐	☐	☐	________
Antimalarials	☐☐	☐	☐	☐	☐	☐	☐	________
Infliximab	☐☐	☐	☐	☐	☐	☐	☐	________
Ethanercept	☐☐	☐	☐	☐	☐	☐	☐	________
Systemic steroids	☐☐	☐	☐	☐	☐	☐	☐	________
Other: ________	☐☐	☐	☐	☐	☐	☐	☐	________

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