

Arthritis Research UK Epidemiology Unit

Rutherford House

40 Pencroft Way

Manchester Science Park

Manchester

M15 6RZ

Patient ID:

Hospital Number:

##### Biologics for Children with Rheumatic Diseases

Retrospective symptom onset data collection v1 01/03/2016

**We have added a number of questions to the baseline questionnaire regarding the participants’ baseline status. As this patient was recruited using an older version of the questionnaire, please could you provide the following additional data?**

Please complete this sheet with details of the patient’s symptom onset.

We have also provided the JIA diagnosis date – please tick to confirm this is correct

**JIA Symptom Onset:**

**Year of onset:**

**Month of onset:**

**JIA Recorded Diagnosis Date:** **<<month\_of\_diagnosis>>** **<<year\_of\_diagnosis>>**

**NO**

**YES**

**Diagnosis date correct?**

(If not, please update below)

**Month of diagnosis:**

**Year of diagnosis:**

**Chicken Pox status:**

Immune

Non immune

Don’t know

**Has the patient had chicken pox?**

|  |  |  |
| --- | --- | --- |
| Yes |  | **Age** / Date / Details: |
| No |  |
| Don’t Know |  |

**Has the patient had the chicken pox / varicella vaccine?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Date/Details: |
| No |  |
| Don’t Know |  |

**Lab results (at study entry <<baseline date>>:**

**ANA Positive** **Negative** **Don’t know**

**Rheumatoid Factor Positive** **Negative** **Don’t know**

**HLA B27 Positive** **Negative** **Don’t know**

Thank you!