

**QUESTIONNAIRE OF COPCORD (Community Oriented Program for control of Rheumatic Diseases)**

**PHASE III**

Ward No. \_\_\_\_\_ ID No. \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Sex:  Male  Female

Last name \_\_\_\_\_ Name \_\_\_\_\_ Middle name \_\_\_\_\_

Date of Screening Phase I & II: \_\_\_\_\_ Date of Screening Phase III: \_\_\_\_\_

Blood Collected  No  Yes XRAY Taken  No  Yes

**DIAGNOSIS:** 1] \_\_\_\_\_  
 2] \_\_\_\_\_  
 3] \_\_\_\_\_

**CLINICAL EVALUATION** Ht \_\_\_\_\_ cms Wt \_\_\_\_\_ kgs. Fever  No  Yes; Hair loss  No  Yes; Pallor  No  Yes; Pedal Oedema  No  Yes; Undernourished  No  Yes; BP \_\_\_\_\_ / \_\_\_\_\_ mm Hg; \_\_\_\_\_

**ARTICULAR PROFILE** ONSET:  Acute  Insidious; Duration \_\_\_\_\_

PATTERN:  Monoarticular  Oligoarticular  Polyarticular &  Symmetrical  Asymmetrical

COURSE :  Slowly Progressive  Rapidly Progressive  Static Remission  Partial Remission  
 Partial Remission & Relapses  Complete Remission & Relapses

**FUNCTIONAL STATUS** : Job/House Work  No  Yes; Bed Ridden  No  Yes; \_\_\_\_\_

**FAMILY HISTORY** : Does any first degree relative have a history of the following ?

	Yes	No	Parent	Sibling	Child	Aunty/Uncle
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spondyloarthopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

**MEDICAL HISTORY:**  Diabetes  Hypertension  IHD  Peptic Ulcer  Others

Illness	Duration	Past Medication	Current Medication

**SYSTEMIC FEATURES:-**

SITE	REMARKS
EYES	
HAIR	
SKIN	
MUCOSA	
NODULES	
LYMPH NODES	
VASCULAR SYSTEM	
CARDIAC	
LUNGS	
ABDOMEN	
GENITO URINARY	
NEUROLOGICAL	
MUSCULAR	
SKELETAL	
ANY OTHERS	

**PAST MEDICATION:**

PREVIOUS	ANALGESIC	NSAID	STEROID	DMARD
0-8 WEEK				
2-6 MTHS				
6 MTHS-1 YR				
1-5 YRS				
>5 YRS				

**ARTICULAR DEFORMITIES** : (Indicate Severe by Circling & Moderate by Underlining)

RIGHT HAND : SWAN NECK BOUTONNIERE ULNAR DRIFT Z THUMB S/L MCP \_\_\_\_\_  
 LEFT HAND : SWAN NECK BOUTONNIERE ULNAR DRIFT Z THUMB S/L MCP \_\_\_\_\_

RT FIST : COMPLETE / INCOMPLETE (    %)    LT FIST : COMPLETE / INCOMPLETE (    %)  
 SHOULDER : RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

ELBOW : RIGHT  FFD \_\_\_\_\_ LEFT  FFD \_\_\_\_\_

WRIST : RIGHT  S/L \_\_\_\_\_ LEFT  S/L \_\_\_\_\_

KNEES : RIGHT  FFD  VL  VR \_\_\_\_\_ LEFT  FFD  VL  VR \_\_\_\_\_

ANKLES : RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

FEET : RIGHT  VR  VL  OVR \_\_\_\_\_ LEFT  VR  VL  OVR \_\_\_\_\_

OTHERS : \_\_\_\_\_

S/L – SUBLUXATION ; FFD – FIXED FLEXION DEFORMITY; VR – VARUS; VL – VALGUS; OVR – OVER RIDING

**SPINE** (Indicate restricted motion by + mild , ++ moderate, +++ severe)

CERVICAL  FL[    ] EXT[    ]LFL-RT[    ]LFL-LT[    ]ROT-RT[    ]ROT-LT[    ] \_\_\_\_\_

THORACIC  CHEST EXPANSION [\_\_\_\_cms]HAND – FLOOR DISTANCE \_\_\_\_\_cms;

LUMBAR  FL[    ]EXT[    ]LFL-RT[    ]LFL-LT[    ]ROT-RT[    ]ROT-LT[    ] \_\_\_\_\_

**JOINT EVALUATION**

RIGHT			LEFT	
P/T	SW		P/T	SW
		1)Temporomandibular		
		2)Sterno-clavicular		
		3)Acronio-clavicular		
		4)SHOULDER		
		5)ELBOW		
		6)WRIST		
		7)IP 1		
		8)DIP 2		
		9)DIP 3		
		10)DIP 4		
		11)DIP 5		
		12)PIP 2		
		13)PIP 3		
		14)PIP 4		
		15)PIP 5		
		16)MCP 1		
		17)MCP 2		
		18)MCP 3		
		19)MCP 4		
		20)MCP 5		

RIGHT			LEFT	
P/T	SW		P/T	SW
		21)HIP		
		22)KNEE		
		23)ANKLE		
		24)MID-TARSAL		
		25)MTP 1		
		26)MTP 2		
		27)MTP 3		
		28)MTP 4		
		29)MTP 5		
		30)IP *(F)1		
		31)PIP (F)2		
		32)PIP (F)3		
		33)PIP (F)4		
		34)PIP (F)5		
		35)SI JOINT		

\*F= FOOT; P = PAIN; T = TENDERNESS; SW = SWELLING

**RANGE OF MOTION:-** (Indicate restricted motion by + mild , ++ moderate, +++ severe)

RIGHT	JOINT	LEFT
	SHOULDER	
	ELBOW	
	WRIST	

RIGHT	JOINT	LEFT
	HIP	
	KNEE	
	ANKLE	

**PHYSICIAN'S OVERALL ASSESSMENT OF DISEASE:-**

5)  VERY SEVERE 4)  SEVERE 3)  MODERATE 2)  MILD 1)  ASYMPTOMATIC

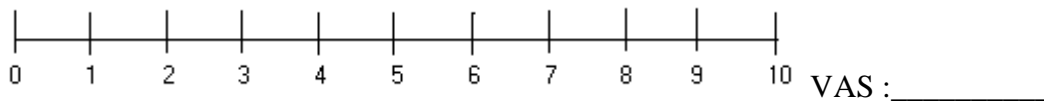
**SOFT TISSUE PAINS / FIBROSITIS POINTS: -**

**SOFT TISSUE RHEUMATISM :**

	RT	LT		PARTICULARS	RT	LT	HYPERMOBILITY							
OPT			OTH1					RT	LT					
LCER			OTH2				THUMB							
TRPZ			OTH3				FINGER							
SCAP			OTH4				PALM							
2 CST			MISCELLANEOUS :				ELBOW							
EPDL							KNEE							
GLUT							ANKLE							
TRCR							OTHER							
KNEE							SPINE							
TA							TOTAL SCORE							
CALF														
SOLE FOOT														

TENOSYNOVITIS NO YES (specify region) \_\_\_\_\_

**PATIENTS ASSESSMENT :** Indicate on the pain scale, the amount of pain you have today from your arthritis.



**PATIENTS OVERALL ASSESSMENT OF DISEASE :**

5)  VERY SEVERE 4)  SEVERE 3)  MODERATE 2)  MILD 1)  ASYMPTOMATIC

**DURATION OF MORNING STIFFNESS:** \_\_\_\_\_Mins

**REMARKS :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LABORATORY INVESTIGATIONS**

ESR		BUN		SUA		URINE:
Hb		SRCR		BSL (F)		
TLC		SGOT		BSL (PP)		
DLC P		SGPT		PLATELET		
L		ALB		RF TITER		OTHERS:
E		GLOB		CRP TITER		
M		SRBIL				

**RADIOLOGICAL INVESTIGATIONS**

REGION	FINDINGS (ESPECIALLY EROSION)
HANDS, WRISTS	
PELVIS, SI JOINTS	

**DRUG THERAPY**

DRUG	ROUTE	STRENGTH	DOSAGE	REMARKS

**FOLLOW – UP (optional)**

DATE	PROFILE	MEDICATION