## MODIFIED COPCORD BHIGWAN QUESTIONNAIRE - PROLIFE RISK STUDY 2008 STAGE I - PHASE III

ID No			* Prolife Code
Age:	Sex: Mal	le 🗌 Fe	emale
Name:	***************************************	••••	
Date of screening Phase I:	Phase II:	PI	hase III:
Blood collected:	☐ No Xray taken :	Yes	□ No
DIAGNOSIS: 1)			
2)			•••••
3)			•••••
CLINICAL EVALUATION:	Wtk	gs.	***************************************
Pallor Yes No	Pedal Edema	Yes	□ No
*LNE Yes No	Under - nourished	Yes	□ No
ARTICULAR PROFILE:	***************************************		***************************************
Nodules Yes	No. Onset	☐ Insiduous.	Duration
* Tophi Yes	No.		Duration
PATTERN:	Asymmetrica	al	Polyarticular *Both
*Axial skelet	on		
COURSE: Slowly progr Partial remis Complete rei			Static remission
MORNING STIFFNESS: [	Yes No		
*BACKACHE:	☐ Yes ☐ No	)	

SITE			R	EMARKS	
Eyes					
Hair					
Skin					
Oral mucosa	State III	mate 173			
Nodules/ *Tophi			YOUR		
Vascular system					
Cardiac			- 2		
Lungs			The least		
Abdomen	1998 630				
GUT					
CNS					
Muscular					
Skeletal			Tenantine.		
Any others					
PAST MEDICATION	:				
PREVIOUS	ANALGESIC	NAS	ID	STEROID	DMARD
0-8 Week					
2-6 months			rtin-		
6 mths - 1 yr					
1-5 years					
> 5 years	ite a protection of			pera i con tiga	
A DTICLII A D DEEOD	MITIES: (Indicate	'anaro' bu si	alina O ima	adarata) bu un dar	dinin n
ARTICULAR DEFOR	Swan neck S/L MCP	Bouton		Ulnar dri	_
	*Heberden nodes		*Bouchard	nodes	
EFT HAND:	Swan neck		Boutonnie	ere Ulnar	drift Z thumb
	S/L MCP			☐ * Hel	berden nodes
	* Bouchard node	es			
RT FIST: Complete /	Incomplete (	%) LT FIST	: Complete	e / Incomplete (%	)
SHOULDER : Right			-	.eft	
ELBOW : Right				eft FFD	4
					00 00 00 7, 000 00 00 00 00 00 00 00 00 00 00 00 0
VRIST: : Right			L	eft S/L	

ANKLES: Right			Left		
EET : Right	□ VR [	VL OV	R Left [	VR VL	OVR
OTHERS					
S / L - Subluxation: FF	ED - Fixed flexion	on deformity: VR	- Varus: VL - Va	lgus; OVR - over riding	1)
D/ L Oublandion, 1 1	D I MOG HOAR	on dolonning, tre	10,00,10	940,	,,
SPINE: (Indicate rest	ricted motion by	y -+ mild; ++	moderate; +-	++ severe)	
CERVICAL FL(	) EXT()	LFL-RT()	LFL-LT()	ROT-RT() ROT	-LT ( )
THORACIC Ches	st expansion	cm Hand	d floor distance		
					TIT()
UMBAR LIFL()	EXI()	LFL-RI()	LFL-LI()	ROT-RT() RO	I-LI ( )
Schobe	er's test	Positive	Negative		
JOINT EVALUATIO	N				
RIGHT		LFT	RIGHT		LFT
P/T SW		P/T SW	P/T SW		P/T SW
1) Tempo	oromandibular			21) HIP	SAMPHIE
2) Sterne	o-clavicular			22) KNEE	
3) Acron	nic-clavicular			23) ANKLE	
4) Shoul	lder			24) MID - TARSAL	- sungmas
5) Elbow	V			25) MTP 1	
6) Wrist				26) MTP 2	
7) IP 1				27) MTP 3	
8) DIP 2	2			28) MTP 4	CI SAL BUCKS
9) DIP 3	3		1000	29) MTP 5	
10) DIP 4	4			30) IP *(F) 1	
11) DIP 5	aD no	legionel frost	Daration	31) PIP (F) 2	
12) PIP 2				32) PIP (F) 3	
13) PIP 3				33) PIP (F) 4	
14) PIP 4				34) PIP (F) 5	
15) PIP 5				35) SI. JOINT	
16) MCP	1				
17) MCP					
18) MCP	3				
19) MCP	4				
20) MCP	5				

<sup>\*</sup>F=FOOT; P=PAIN; T=TENDERNESS;SW=SWELLING

FUNCTIONAL STATUS:	Job/House w	ork	Yes	☐ No		
	ADL		Yes	No		
	Bed ridden		Yes	□ No		
FAMILY HISTORY: Doe	es any first deg	gree relative	have a hist	ory of the foll	owing?	
	Yes	No	Parent	Sibling	Child	Aunt/Uncle
Rheumatoid Arthritis						
Spondyloarthropathy						
Osteoarthritis						
Gout						
SLE						
Others						
Others						
Comments:						
MEDICAL HISTORY:	Diabetes	Г			] IHD	
WILDICAL HIGIORY.		or	_ riyperterio		Others	
	Peptic ulc	ei			_	
Illness		Duration	Paost Me	dication	Curren	t Medication
**						

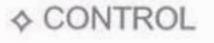
RANGE OF MOTION:- (Indicate restricted motion by + mild, ++moderate, +++severe)

RIGHT	JOINT	LEFT
	SHOULDER	
	ELBOW	
	WRIST	

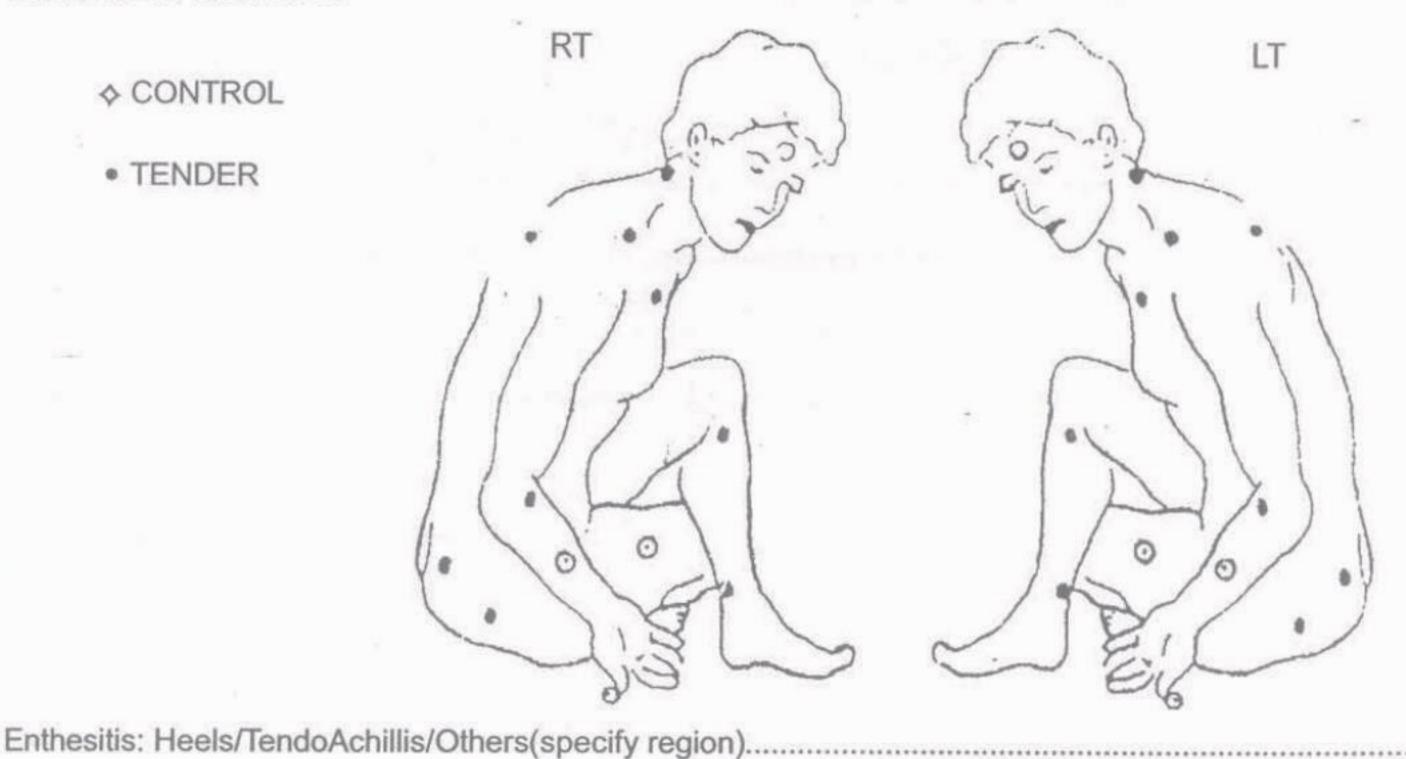
RIGHT	JOINT	LEFT
	HP	
	KNEE	
	ANKLE	

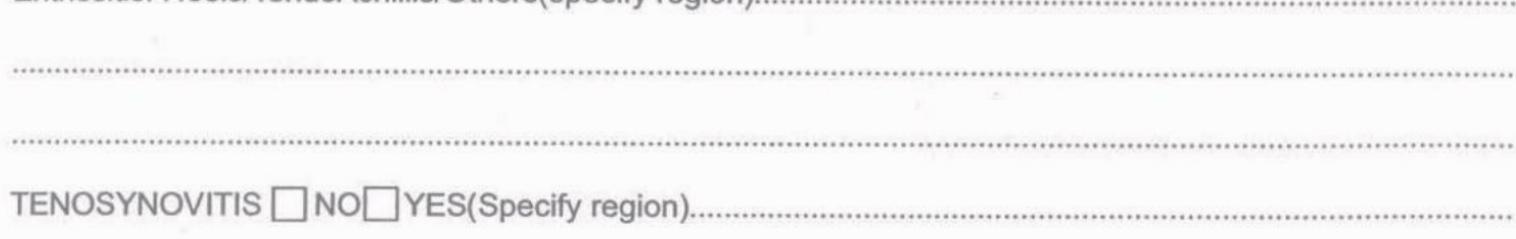
PHYSICIAN'S OVERALL ASSESSMENT OF DISEASE:-

5) UVERY SEVERE 4) SEVERE 3) MODERATE SEVERE 2) MILD 1) ASYMPTOMATIC SOFT TISSUE PAINS/FIBROSITIS POINTS:- YOU MAY CIRCLE THE POINT IF POSITIVE OR USE V To INDICATE OTHER SITE

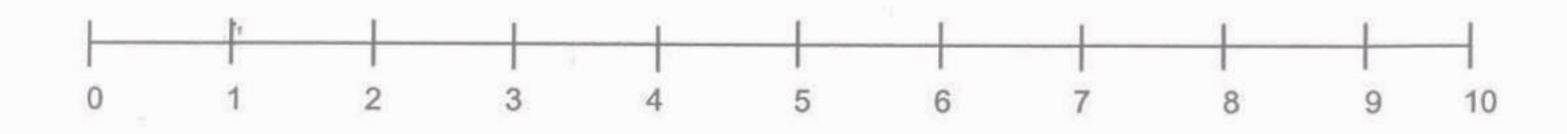


TENDER





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



PATIENTS	OVER/	ALL ASSESSMEN	T OF DISEASE:	-				
5) UERY	SEVER	RE 4) SEVERE	3) MODE	RATE	2) MILD 1)	ASYMPTOMATIC		
REMARKS:								
					•••••			
		LA	BORATORY INV	ESTIC	BATION			
ESR			SUA URINE					
Hb		FBS						
TLC			HbA <sub>1</sub> C					
DLC P			PLATELET					
L			RF	OTHE	ERS(Done elsewhere)			
E			CRP TITER	1				
M			IgG ChikV					
		RADI	OLOGICAL INV	ESTIG	ATION			
REGION	REGION FINDINGS (ESPECIALLY EROSION)							
HANDS, W	HANDS, WRISTS							
PELVIS, SI	PELVIS, SI JOINTS							
			DRUGTHER	APY				
DRUG	DRUG ROUTE		STRENGTH		DOSAGE	REMARKS		
					4			
**								