



WIHSID

B2. Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Lupus?

YES..... 1 **(b)**  
 NO..... 2

a. Have you ever had a health care provider tell you that you have Lupus?

YES..... 1  
 NO..... 2 **(B3)**

b. When were you first told you had Lupus?

|\_|\_| / |\_|\_| / |\_|\_|  
 M D Y

c. Have you ever taken any medications or other treatments for Lupus?

YES..... 1  
 NO..... 2 **(B3)**

**START ADFs1**

<b>HAND PARTICIPANT RESPONSE CARD C1.</b>			<b>i. START DATE (MM/DD/YY)</b>	<b>ii. STOP DATE (MM/DD/YY)</b>
<b>Specify which drugs or treatments you have taken for treatment of Lupus:</b>				
DRUG1	a. DISEASE: Lupus.....1	d. When did you start taking this drug (treatment) most recently?	_ _ / _ _ / _ _  <b>(f)</b>	
	b. SPECIFY DRUG/TREATMENT:  _____	e. When did you last start and stop taking this drug (treatment)?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  <b>(f)</b>
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 <b>(e)</b>	f. Did you start and stop taking it before that? YES.....1 NO.....2 <b>(DRUG2)</b>		
		g. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  <b>(h)</b>
		h. Did you start and stop taking it before that? YES.....1 NO.....2 <b>(DRUG2)</b>		
		i. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _

<b>HAND PARTICIPANT RESPONSE CARD C1.</b>			<b>i. START DATE</b> (MM/DD/YY)	<b>ii. STOP DATE</b> (MM/DD/YY)
<b>Specify which drugs or treatments you have taken for treatment of Lupus:</b>				
DRUG2	a. DISEASE: Lupus.....1	d. When did you start taking this drug (treatment) most recently?	_ _ / _ _ / _ _  (f)	
		e. When did you last start and stop taking this drug (treatment)?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		g. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  (h)
	c. Are you currently taking this drug? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		i. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _
DRUG3	a. DISEASE: Lupus.....1	d. When did you start taking this drug (treatment) most recently?	_ _ / _ _ / _ _  (f)	
		e. When did you last start and stop taking this drug (treatment)?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (B3)		
		g. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (B3)		
		i. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _

**END ADFs1**

WIHSID

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B3. Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Sjogren’s syndrome?

YES..... 1 (b)
NO..... 2

a. Have you ever had a health care provider tell you that you have Sjogren’s syndrome?

YES..... 1
NO..... 2 (B4)

b. When were you first told you had Sjogren’s syndrome? [ ]/[ ]/[ ]
M D Y

c. Have you ever taken any medications or other treatments for Sjogren’s syndrome?

YES..... 1
NO..... 2 (B4)

START ADFs1

Table with columns: HAND PARTICIPANT RESPONSE CARD C2, i. START DATE (MM/DD/YY), ii. STOP DATE (MM/DD/YY). Rows include questions about drug start/stop dates and current usage.

<b>HAND PARTICIPANT RESPONSE CARD C2.</b>			<b>i. START DATE</b> (MM/DD/YY)	<b>ii. STOP DATE</b> (MM/DD/YY)
<b>Specify which drugs or treatments you have taken for treatment of Sjogren's syndrome:</b>				
DRUG2	a. DISEASE: Sjogren's.....2	d. When did you start taking this drug (treatment) most recently?	___/___/___ (f)	
		e. When did you last start and stop taking this drug (treatment)?	___/___/___	___/___/___ (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		g. When?	___/___/___	___/___/___ (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		i. When?	___/___/___	___/___/___
DRUG3	a. DISEASE: Sjogren's.....2	d. When did you start taking this drug (treatment) most recently?	___/___/___ (f)	
		e. When did you last start and stop taking this drug (treatment)?	___/___/___	___/___/___ (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (B4)		
		g. When?	___/___/___	___/___/___ (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (B4)		
		i. When?	___/___/___	___/___/___

**END ADFs1**

WIHSID

B4. Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Multiple Sclerosis (MS)?

YES..... 1 **(b)**  
 NO..... 2

a. Have you ever had a health care provider tell you that you have MS?

YES..... 1  
 NO..... 2 **(B5)**

b. When were you first told you had MS?

|\_|\_| / |\_|\_| / |\_|\_|  
 M D Y

c. Have you ever taken, any medications or other treatments for MS?

YES..... 1  
 NO..... 2 **(B5)**

**START ADFs1**

<b>HAND PARTICIPANT RESPONSE CARD C3.</b>			<b>i. START DATE (MM/DD/YY)</b>	<b>ii. STOP DATE (MM/DD/YY)</b>
<b>Specify which drugs or treatments you have taken for treatment of MS:</b>				
DRUG1	a. DISEASE: MS.....3	d. When did you start taking this drug (treatment) most recently?	_ _ / _ _ / _ _  <b>(f)</b>	
		e. When did you last start and stop taking this drug (treatment)?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  <b>(f)</b>
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 <b>(DRUG2)</b>		
		g. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  <b>(h)</b>
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 <b>(e)</b>	h. Did you start and stop taking it before that? YES.....1 NO.....2 <b>(DRUG2)</b>		
		i. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _

<b>HAND PARTICIPANT RESPONSE CARD C3.</b>			<b>i. START DATE</b> (MM/DD/YY)	<b>ii. STOP DATE</b> (MM/DD/YY)
<b>Specify which drugs or treatments you have taken for treatment of MS:</b>				
DRUG2	a. DISEASE: MS.....3	d. When did you start taking this drug (treatment) most recently?	___/___/___ (f)	
		e. When did you last start and stop taking this drug (treatment)?	___/___/___	___/___/___ (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		g. When?	___/___/___	___/___/___ (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		i. When?	___/___/___	___/___/___
DRUG3	a. DISEASE: MS.....3	d. When did you start taking this drug (treatment) most recently?	___/___/___ (f)	
		e. When did you last start and stop taking this drug (treatment)?	___/___/___	___/___/___ (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (B5)		
		g. When?	___/___/___	___/___/___ (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (B5)		
		i. When?	___/___/___	___/___/___

**END ADFs1**

WIHSID

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B5. Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Graves disease or high thyroid hormone?

YES..... 1 (b)
NO..... 2

a. Have you ever had a health care provider tell you that you have Graves disease or high thyroid hormone?

YES..... 1
NO..... 2 (B6)

b. When were you first told you had high thyroid hormone?
M D Y

c. Have you ever taken any medications or other treatments for high thyroid hormone?

YES..... 1
NO..... 2 (B6)

START ADFs1

Table with columns: HAND PARTICIPANT RESPONSE CARD C4, Specify which drugs or treatments you have taken for treatment of high thyroid hormone:, i. START DATE (MM/DD/YY), ii. STOP DATE (MM/DD/YY). Rows include questions about drug start/stop dates and current use.



<b>HAND PARTICIPANT RESPONSE CARD C4.</b>			<b>i. START DATE</b> (MM/DD/YY)	<b>ii. STOP DATE</b> (MM/DD/YY)
<b>Specify which drugs or treatments you have taken for treatment of high thyroid hormone:</b>				
DRUG2	a. DISEASE: High thyroid.....4	d. When did you start taking this drug (treatment) most recently?	___/___/___ (f)	
		e. When did you last start and stop taking this drug (treatment)?	___/___/___	___/___/___ (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		g. When?	___/___/___	___/___/___ (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (DRUG3)		
		i. When?	___/___/___	___/___/___
DRUG3	a. DISEASE: High thyroid.....4	d. When did you start taking this drug (treatment) most recently?	___/___/___ (f)	
		e. When did you last start and stop taking this drug (treatment)?	___/___/___	___/___/___ (f)
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1 NO.....2 (B6)		
		g. When?	___/___/___	___/___/___ (h)
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	h. Did you start and stop taking it before that? YES.....1 NO.....2 (B6)		
		i. When?	___/___/___	___/___/___

**END ADFs1**

WIHSID

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B6. Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Hashimoto’s thyroiditis or low thyroid hormone?

YES..... 1 **(b)**  
NO..... 2

a. Have you ever had a health care provider tell you that you have Hashimoto’s thyroiditis or low thyroid hormone?

YES..... 1  
NO..... 2 **(B7)**

b. When were you first told you had low thyroid hormone?     |\_|\_|/|\_|\_|/|\_|\_|  
   M          D          Y

c. Have you ever taken any medications or other treatments for low thyroid hormone?

YES..... 1  
NO..... 2 **(B7)**

**START ADFs1**

<b>HAND PARTICIPANT RESPONSE CARD C5.</b>			<b>i. START DATE</b>	<b>ii. STOP DATE</b>
<b>Specify which drugs or treatments you have taken for treatment of low thyroid hormone:</b>			<b>(MM/DD/YY)</b>	<b>(MM/DD/YY)</b>
DRUG1	a. DISEASE: Low thyroid.....5	d. When did you start taking this drug (treatment) most recently?	_ _ / _ _ / _ _  <b>(f)</b>	
		e. When did you last start and stop taking this drug (treatment)?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  <b>(f)</b>
	b. SPECIFY DRUG/TREATMENT:  _____	f. Did you start and stop taking it before that? YES.....1           NO.....2 <b>(DRUG2)</b>		
		g. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _  <b>(h)</b>
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 <b>(e)</b>	h. Did you start and stop taking it before that? YES.....1           NO.....2 <b>(DRUG2)</b>		
		i. When?	_ _ / _ _ / _ _	_ _ / _ _ / _ _

<b>HAND PARTICIPANT RESPONSE CARD C5.</b>		<b>i. START DATE (MM/DD/YY)</b>	<b>ii. STOP DATE (MM/DD/YY)</b>	
<b>Specify which drugs or treatments you have taken for treatment of low thyroid hormone:</b>				
DRUG2	a. DISEASE: Low thyroid.....5	d. When did you start taking this drug (treatment) most recently?  _ _ / _ _ / _ _  (f)		
	b. SPECIFY DRUG/TREATMENT: _____	e. When did you last start and stop taking this drug (treatment)?  _ _ / _ _ / _ _	_ _ / _ _ / _ _  (f)	
		f. Did you start and stop taking it before that? YES.....1      NO.....2 (DRUG3)		
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	g. When?  _ _ / _ _ / _ _	_ _ / _ _ / _ _  (h)	
		h. Did you start and stop taking it before that? YES.....1      NO.....2 (DRUG3)		
		i. When?  _ _ / _ _ / _ _	_ _ / _ _ / _ _	
DRUG3	a. DISEASE: Low thyroid.....5	d. When did you start taking this drug (treatment) most recently?  _ _ / _ _ / _ _  (f)		
	b. SPECIFY DRUG/TREATMENT: _____	e. When did you last start and stop taking this drug (treatment)?  _ _ / _ _ / _ _	_ _ / _ _ / _ _  (f)	
		f. Did you start and stop taking it before that? YES.....1      NO.....2 (B7)		
	c. Are you currently taking this drug (treatment)? YES.....1 NO.....2 (e)	g. When?  _ _ / _ _ / _ _	_ _ / _ _ / _ _  (h)	
		h. Did you start and stop taking it before that? YES.....1      NO.....2 (B7)		
		i. When?  _ _ / _ _ / _ _	_ _ / _ _ / _ _	

END ADFs1

B7. TIME MODULE ENDED:

|\_|\_| : |\_|\_|

AM ..... 1

PM ..... 2