

WIHSID

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

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

b. When were you first told you had Lupus?

M	D	Y				

c. Since your (MONTH) study visit, have you taken any medications or other treatments for Lupus?

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

START ADF02s1

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

HAND PARTICIPANT RESPONSE CARD C1.			i. START DATE	ii. STOP DATE
Specify which drugs or treatments you have taken for treatment of Lupus:			(MM/DD/YY)	(MM/DD/YY)
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 ADF02s1

HAND PARTICIPANT RESPONSE CARD C2.			i. START DATE (MM/DD/YY)	ii. STOP DATE (MM/DD/YY)
Specify which drugs or treatments you have taken for treatment of Sjogren's syndrome:				
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 ADF02s1

WIHSID

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

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

b. When were you first told you had MS?

M		/		D		/		Y		

c. Since your (MONTH) study visit, have you taken any medications or other treatments for MS?

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

START ADF02s1

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

HAND PARTICIPANT RESPONSE CARD C3.			i. START DATE (MM/DD/YY)	ii. STOP DATE (MM/DD/YY)
Specify which drugs or treatments you have taken for treatment of MS:				
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 ADF02s1

HAND PARTICIPANT RESPONSE CARD C4.			i. START DATE (MM/DD/YY)	ii. STOP DATE (MM/DD/YY)
Specify which drugs or treatments you have taken for treatment of high thyroid hormone:				
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 ADF02s1

