

# METEOR UPLOAD FORM 0.1

## Patient characteristics

Site:

Patient Code:

Sex:

Year of Birth (yyyy):

Debut of symptoms (yyyy-mm-dd):

Date of diagnosis (yyyy-mm-dd):

Marital status:

Weight in kg:

Height in cm:

Smoking:

Rheumatoid factor:

ACPA:

Erosions present:

Visit date (yyyy-mm-dd):



### The Merit Foundation

Contact

Address: P.O.Box 9600, 2300 RC Leiden

Email: [info@meteorfoundation.com](mailto:info@meteorfoundation.com)

RSIN: 817460275

Disease activity

Tender joints

Which type of DAS did you measure?

No Tender joints:

| RIGHT |    |     |    |   |                    | LEFT |    |     |    |   |
|-------|----|-----|----|---|--------------------|------|----|-----|----|---|
|       |    |     |    |   | Temporo-mandibular |      |    |     |    |   |
|       |    |     |    |   | spine              |      |    |     |    |   |
|       |    |     |    |   | Sternoclavicular   |      |    |     |    |   |
|       |    |     |    |   | Acromio-clavicular |      |    |     |    |   |
|       |    |     |    |   | Shoulder           |      |    |     |    |   |
|       |    |     |    |   | Elbow              |      |    |     |    |   |
|       |    |     |    |   | Wrist              |      |    |     |    |   |
| I     | II | III | IV | V | MCP                | V    | IV | III | II | I |
|       |    |     |    |   | IP                 |      |    |     |    |   |
|       |    |     |    |   | PIP                | V    | IV | III | II |   |
|       |    |     |    |   | Hip                |      |    |     |    |   |
|       |    |     |    |   | Knee               |      |    |     |    |   |
|       |    |     |    |   | Ankle              |      |    |     |    |   |
|       |    |     |    |   | Mid-tarsal         |      |    |     |    |   |
|       |    |     |    |   | Subtalar           |      |    |     |    |   |
| I     | II | III | IV | V | MTP                | V    | IV | III | II | I |

Swollen joints

No swollen joints:

| RIGHT |    |     |    |   |                    | LEFT |    |     |    |   |
|-------|----|-----|----|---|--------------------|------|----|-----|----|---|
|       |    |     |    |   | Sternoclavicular   |      |    |     |    |   |
|       |    |     |    |   | Acromio-clavicular |      |    |     |    |   |
|       |    |     |    |   | Shoulder           |      |    |     |    |   |
|       |    |     |    |   | Elbow              |      |    |     |    |   |
|       |    |     |    |   | Wrist              |      |    |     |    |   |
| I     | II | III | IV | V | MCP                | V    | IV | III | II | I |
|       |    |     |    |   | IP                 |      |    |     |    |   |
|       |    |     |    |   | PIP                | V    | IV | III | II |   |
|       |    |     |    |   | Knee               |      |    |     |    |   |
|       |    |     |    |   | Ankle              |      |    |     |    |   |
| I     | II | III | IV | V | MTP                | V    | IV | III | II | I |

**VAS pain:** patient experienced pain due to disease on average last week. 0 = no pain, 10 = pain as bad as possible

**VAS patient global disease activity:** patient experience of current activity of the disease. 0 = not active at all, 10 = extremely active.

**VAS physician global assessment:** 0 = asymptomatic, 10 = very severe

ESR mm/h

CRP mg/l

**Based on the information that has been entered above, composite scores (such as the DAS) will be automatically calculated when the data is uploaded in the research database. It is also possible to enter the composite scores below for your own review, or if the individual components of the disease activity scores are unknown.**

RAI

SJC44

TJC28

SJC28

SDAI

CDAI

DAS(4)-ESR

DAS(3)-ESR

DAS28(4)-ESR

DAS28(3)-ESR

## HAQ/RAPID3

Are you able to: Dress yourself, including tying shoelaces and doing buttons?

Are you able to: Shampoo your hair?

Are you able to: Stand up from a straight chair?

Are you able to: Get in and out of bed?

Are you able to: Cut your meat?

Are you able to: Lift a full cup or glass to your mouth?

Are you able to: Open a new milk carton?

Are you able to: Walk outdoors on flat ground?

Are you able to: Climb up five steps?

Are you able to: Walk two miles or three kilometers, if you wish?

Are you able to: Wash and dry your body?

Are you able to: Take a tub bath?

Are you able to: Get on and off the toilet?

Are you able to: Reach and get down a 5 pound object from just above your head?

Are you able to: Bend down to pick up clothing from the floor?

Are you able to: Open car doors?

Are you able to: Open jars which have been previously opened?

Are you able to: Turn faucets on and off?

Are you able to: Run errands and shop?

Are you able to: Get in and out of car?

Are you able to:Do chores such as vacuuming or yardwork?

Are you able to: Participate in recreational activities/sports as you would like?

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

Hygiene

Reach

Gripping and opening things

Errands and chores

Please check any AIDS OR DEVICES that you usually use for any of the previous activities

Cane

Wheelchair

Walker

Devices used for dressing (buttons hook, zipper pull, long shoe horn, etc.)

Crutches

Built up or special utensils

Other

Special or build up chair

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

Dressing and grooming

Arising

Eating

Walking

Please check any AIDS OR DEVICES that you usually use for any of the previous activities:

Toilet seat

Bathtub bar

Bathtub seat

Long handled appliances for reach

Jar opener (jars previously opened)

Long handled applicances in bathroom

Other

**The total HAQ score will be automatically calculated in the research database. The total score can also be entered below for your own review, or if individual components of the disease activity scores are unknown.**

HAQ

## **EQ5D**

### **Mobility**

I have no problems in walking about

I have some problems in walking about

I am confined to bed

### **Self-Care**

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

### **Usual Activities**

No problems with performing usual activities

Some problems with performing usual activities

Unable to perform my usual activities

### **Pain / Discomfort**

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

### **Anxiety / Depression**

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

MEDICATION

NO MEDICATION:

csDMARDS

|    | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|------------|--------------|-------------|------------|-----------|-------------|
| 1. |          |            |              |             |            |           |             |
| 2. |          |            |              |             |            |           |             |
| 3. |          |            |              |             |            |           |             |
| 4. |          |            |              |             |            |           |             |
| 5. |          |            |              |             |            |           |             |
| 6. |          |            |              |             |            |           |             |

BIOLOGICALS

|    | Drugtype | Productname | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|-------------|------------|--------------|-------------|------------|-----------|-------------|
| 1. |          |             |            |              |             |            |           |             |
| 2. |          |             |            |              |             |            |           |             |

JAK-inhibitors

|    | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|------------|--------------|-------------|------------|-----------|-------------|
| 1. |          |            |              |             |            |           |             |
| 2. |          |            |              |             |            |           |             |

GLUCOCORTICOIDS

|    | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|------------|--------------|-------------|------------|-----------|-------------|
| 1. |          |            |              |             |            |           |             |
| 2. |          |            |              |             |            |           |             |
| 3. |          |            |              |             |            |           |             |
| 4. |          |            |              |             |            |           |             |
| 5. |          |            |              |             |            |           |             |
| 6. |          |            |              |             |            |           |             |

| NSAIDs   |            |              |             |            |           |             |
|----------|------------|--------------|-------------|------------|-----------|-------------|
| Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
| 1.       |            |              |             |            |           |             |
| 2.       |            |              |             |            |           |             |
| 3.       |            |              |             |            |           |             |
| 4.       |            |              |             |            |           |             |
| 5.       |            |              |             |            |           |             |

| Non-NSAID analgesics |            |              |             |            |           |             |
|----------------------|------------|--------------|-------------|------------|-----------|-------------|
| Drugtype             | dose in mg | administered | times every | start date | stop date | stop reason |
| 1.                   |            |              |             |            |           |             |
| 2.                   |            |              |             |            |           |             |
| 3.                   |            |              |             |            |           |             |
| 4.                   |            |              |             |            |           |             |
| 5.                   |            |              |             |            |           |             |
| 6.                   |            |              |             |            |           |             |

| OTHER    |            |              |             |            |           |             |
|----------|------------|--------------|-------------|------------|-----------|-------------|
| Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
| 1.       |            |              |             |            |           |             |
| 2.       |            |              |             |            |           |             |
| 3.       |            |              |             |            |           |             |
| 4.       |            |              |             |            |           |             |
| 5.       |            |              |             |            |           |             |
| 6.       |            |              |             |            |           |             |

## COMORBIDITIES

Please indicate below which comorbidities the patient has, by ticking all boxes that apply to the patient.

Cardiovascular disease

malignancies

Infections

Gastrointestinal disease

Osteoporosis

Depression

Chronic pulmonary disease

Disease specific extra-articular manifestations

If other comorbidities apply which do not fit in the mentioned categories, please indicate in the textbox below.

## Free text

(information in this field is not uploaded)