

Women's Health & Aging Study

PHYSICIAN QUESTIONNAIRE

Patient name _____ Birthdate _____ ID No. _____

Physician name: _____

1. Are you the primary care physician for this patient? No Yes

2. What is your specialty? _____

3. Please indicate on the scale how you would classify this patient with regard to frailty:

Very Frail Frail Normal Robust/Hardy Don't Know

	To your knowledge, does this patient have this condition now?	If the condition is present, how severe is it? 1 = Mild 2 = Moderate 3 = Severe	What was the date (year) of diagnosis for this condition?
Cancer <i>Specify site:</i> _____ <i>TNM Classification:</i> _____	No Yes Don't know	1 2 3	19 _____
Diabetes	No Yes Don't know	1 2 3	19 _____
Cardiovascular disease			
Hypertension	No Yes Don't know	1 2 3	19 _____
Angina	No Yes Don't know	1 2 3	19 _____
Myocardial infarction	No Yes Don't know	1 2 3	19 _____
Congestive heart failure	No Yes Don't know	1 2 3	19 _____
Peripheral vascular disease	No Yes Don't know	1 2 3	19 _____
Pulmonary Disease			
COPD (chronic bronchitis, emphysema)	No Yes Don't know	1 2 3	19 _____
Asthma	No Yes Don't know	1 2 3	19 _____
Other pulmonary disease <i>(specify):</i> _____	No Yes Don't know	1 2 3	19 _____

	To your knowledge, does this patient have this condition now?			If the condition is present, how severe is it? 1 = Mild 2 = Moderate 3 = Severe			What was the date (year) of diagnosis for this condition?
Musculoskeletal disease							
Rheumatoid arthritis	No	Yes	Don't know	1	2	3	19_____
Osteoarthritis of hips	No	Yes	Don't know	1	2	3	19_____
Osteoarthritis of knees	No	Yes	Don't know	1	2	3	19_____
Osteoarthritis of hands	No	Yes	Don't know	1	2	3	19_____
Osteoporosis	No	Yes	Don't know	1	2	3	19_____
Fracture of hip	No	Yes	Don't know				19_____
Fracture of upper or lower extremity	No	Yes	Don't know				19_____
Vertebral compression fracture	No	Yes	Don't know	1	2	3	19_____
Degenerated, slipped or herniated disc	No	Yes	Don't know	1	2	3	19_____
Spinal stenosis	No	Yes	Don't know	1	2	3	19_____
Neurologic Disorders							
Stroke	No	Yes	Don't know	1	2	3	19_____
Parkinson's Disease	No	Yes	Don't know	1	2	3	19_____
Peripheral neuropathy	No	Yes	Don't know	1	2	3	19_____
Other significant disease (Please list)				1	2	3	
_____				1	2	3	19_____
_____				1	2	3	19_____
_____				1	2	3	19_____
_____				1	2	3	19_____
_____				1	2	3	19_____

Please return to:

Women's Health & Aging Study
The Johns Hopkins Medical Institutions
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Baltimore, Maryland 21205

Phone: 550-5495
Fax: 614-9225

**WOMEN'S HEALTH AND AGING STUDY
MEDICAL RECORD ABSTRACT**

Hospital:

Pt. name:

(4) Name:

I.D. #

Address:

(1) Admission

Code:

(2) Discharge

(5) Attending MD:

(3) Alive Dead Transfer

Reason Abstract not completed: _____

(7) When no H&P, D/S describe acute events/sx's leading to admission include time sequence and course of out-of-hospital symptoms - use comment section.

(8) Diagnostic codes

(9) Description

(12) Further Abs. required

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(10) Procedure codes

(11) Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(13) Adm. Dx: code _____

Description _____

(14) ICU Stay: Yes No

(15) Complications

Sepsis/Septic shock	Y	N	DK
Pneumonia/Pneumonitis	Y	N	DK
Urinary Tract Infection	Y	N	DK
Decubitus ulcers	Y	N	DK
Deep Vein Thrombosis	Y	N	DK
Pulmonary Embolus	Y	N	DK
Upper GI Bleed	Y	N	DK
Lower GI Bleed	Y	N	DK
Fall in Hospital	Y	N	DK
Injury in Hospital	Y	N	DK
Delirium	Y	N	DK
Stroke	Y	N	DK
Surgical Complications	_____		

(16) Therapies/Procedures

Heparin	Y	N	DK
Coumadin	Y	N	DK
IV Pressors	Y	N	DK
IV Vasodilators	Y	N	DK
IV Antiarrhythm	Y	N	DK
Swan Ganz	Y	N	DK
Intubation/Vent	Y	N	DK
Foley Cath	Y	N	DK
Radiation Tx	Y	N	DK
Chemotherapy	Y	N	DK

(17) Closed Chest massage Y N DK

(18) Cardioverted Y N DK

(19) Rhythm(s) present prior to cardioversion _____

(20) Past medical history

MI Date_____	Y	N	DK
Valvular Dis	Y	N	DK
At Fib/Flutter	Y	N	DK
CVA Date_____	Y	N	DK
Syncope	Y	N	DK
LE bypass/Amp	Y	N	DK
CP Resus	Y	N	DK
Thrombolytic Tx	Y	N	DK
Fall	Y	N	DK
Fx hip	Y	N	DK
CRF	Y	N	DK
Spinal stenosis	Y	N	DK
Rheum Arthritis	Y	N	DK
Retinal Hemmor	Y	N	DK
Laser Tx retina	Y	N	DK
Osteoporosis	Y	N	DK

Angina/IHD	Y	N	DK
CHF	Y	N	DK
Vent Tach	Y	N	DK
TIA	Y	N	DK
Claudication	Y	N	DK
CABG	Y	N	DK
Cardiac Arrest	Y	N	DK
CA Site_____	Y	N	DK
Injuries	Y	N	DK
Other FX >50	Y	N	DK
Hypothyroidism	Y	N	DK
Emphysema	Y	N	DK
DM retinopathy	Y	N	DK
Blindness/DM	Y	N	DK
Parkinson Dis	Y	N	DK
Diabetes	Y	N	DK

Death

- | | | | | | | | |
|--|-----|----|----|-----------------|-------|----|----|
| (21) Deceased | Yes | No | | (22) Found dead | Yes | No | DK |
| (23) Time period prior to death pain free | | | | Time period | _____ | | |
| (24) Episode of C.P. within 72hr of death | Yes | No | DK | Comatose | | | |
| (25) After development of C.P., pt died | | | | Time Period | _____ | | |
| (26) Terminal complication non C-V Disease | Yes | No | DK | | | | |

Acute Cardiovascular Events

- | | | | | | | | |
|---|-------|-------|------|-------------------------|----------|-------|----|
| (27) Episode of pain | Yes | No | DK | (28) Onset prior to Adm | Yes | No | DK |
| (29) Given nitrates/NTG | Yes | No | DK | (30) Pain relieved | Yes | No | DK |
| (31) Pain return | Yes | No | DK | (32) Record date | _____ | | |
| (33) Any episode within 6 wks. PTA last >20 minutes | Yes | No | DK | | | | |
| (34) Most recent Episode > 20 min: | Date | _____ | Time | _____ | Duration | _____ | |
| (35) Duration of longest episode | _____ | | | | | | |

CHF

- | | | | | | | | |
|--|-----|----|----|------------------------|---|---|----|
| (36) Adm w/CHF or developed during Adm | Yes | No | DK | | | | |
| (37) Sx's PTA or during stay: | | | | | | | |
| Night cough | Y | N | DK | Productive cough | Y | N | DK |
| Dyspnea at rest | Y | N | DK | Dyspnea mild/mod exert | Y | N | DK |
| Dyspnea extreme | Y | N | DK | PND | Y | N | DK |
| Orthopnea | Y | N | DK | SOB NOS | Y | N | DK |

(38) Physician reported condition:

- | | | | | |
|--------------|-----------------------------|-----|----|----|
| Neck: | Neck vein distention/JVD | Yes | No | DK |
| | Carotid bruit | Yes | No | Dk |
| Lung: | Basilar rales/crackles only | Yes | No | DK |
| | Rales/crackles above bases | Yes | No | DK |
| | Wheezing | Yes | No | DK |
| Cardiac: | S-3 gallop | Yes | No | DK |
| | Murmur | Yes | No | DK |
| Abdominal: | Hepatojugular reflux | Yes | No | DK |
| | Hepatomegaly | Yes | No | DK |
| Extremities: | Peripheral/ankle edema | Yes | No | DK |

(39&40) On Admission: Blood Pressure _____ Heart Rate _____

(41) Meds during 1st 48 hrs of Adm or Dx:

- | | | | | | | | |
|---------------|-----|----|----|--------------------|-------|----|----|
| Diuretics | Yes | No | DK | Digitalis | Yes | No | DK |
| Oxygen | Yes | No | DK | Nitroglycerine | Yes | No | Dk |
| ACE inhibitor | Yes | No | DK | Other Vasodilators | _____ | | |

Chest X-ray

(42) Chest xray taken Yes No DK

(43) 1st CXR following Adm. or Dx of CHF findings:

Pulmonary edema	Yes	No	DK	CHF	Yes	No	DK
Pleural effusion	Yes	No	DK	Cardiomegaly	Yes	No	DK
Metastasis	Yes	No	DK	Compression fx	Yes	No	DK
Flow redistribution	Yes	No	DK	Atelectasis	Yes	No	DK
COPD	Yes	No	DK	Pneumonia	Yes	No	DK

Electrocardiogram

(44) Electrocardiogram recorded Yes No DK

Serum Enzymes

(45) Cardiac Enzymes performed	Yes	No	DK	
(46) Total CK w/in 72hr of Adm/Sx	Yes	No	DK	
(47) CK-MB w/in 72hr of Adm/Sx	Yes	No	DK	
(48) LDH w/in 72hr of Adm/Sx	Yes	No	DK	
(49) Active liver disease	Yes	No	DK	Specify _____
(50) Trauma during 7d PTA	Yes	No	DK	Specify _____
(51) Surg. Proc. of muscle cutting/GA	Yes	No	DK	Specify _____

Angina

(52) Stress test performed	Yes	No	DK	Attach copy
(53) Angiography performed	Yes	No	DK	Attach copy

Spinal Stenosis/Disc Disease

(54) CT/MRI performed	Yes	No	DK	Attach copy
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Spirometry

(55) Spirometry performed	Yes	No	DK	Attach copy
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Cancer

(56) Dx of Cancer	Yes	No	DK	
(58) Stage of Disease @ D/C	_____			
(59) Path report	Yes	No	DK	Attach copy

**Women's Health and Aging Study
Medical Record Abstract-Instruction Sheet**

<u>ELEMENT</u>	<u>INSTRUCTION</u>
12. Further abstraction required	12. A. Cardiac Disease: ICD-9-CM Codes 410, 411, 413, 414, 425, 427.4, 427.5, 428 B. Stroke/TIA: ICD-9-CM Codes 430, 431, 432, 433, 434, 435, 436, 437, 438 C. Cancer: ICD-9-CM Codes 140 through 239 D. Back Disorder: ICD-9-CM Codes 721, 722, 724
13. Admitting Diagnosis	13. ICD-9-CM Code and Description
14. Was the patient treated in any Intensive Care Unit during this hospitalization	14. Yes/No; Number of Days
15. During this hospitalization did the patient develop any of the following complications	15. Diagnosis of complications must have occurred at least 24 hours after admission: Sepsis/septic shock Pneumonia/pneumonitis Urinary Tract Infection Decubitus Ulcers Deep Vein Thrombosis Pulmonary Embolus Upper GI Bleed Lower GI Bleed Fall/Injury in Hospital Stroke Delirium Surgical Complications
16. During this hospitalization did the patient receive any of the following therapies/procedures	16. Heparin (except to keep IV line open) Coumadin (Warfarin) IV Pressors IV Vasodilators IV Antiarrhythmics Swan Ganz Catheter for hemodynamic monitoring Intubation/Mechanical Ventilation Indwelling Foley Catheter Radiation Therapy Chemotherapy
17. Was closed Chest Massage administered	17. Yes/No
18. Was cardioversion given	18. Yes/No; If no or DK Skip to Q.20
19. What rhythm(s) were present prior to conversion	19. Ventricular Fibrillation/Flutter Atrial Fibrillation/Flutter Ventricular Tachycardia Asystole Complete AV Block (3 HB) Other, Specify Unknown/not documented

<u>ELEMENT</u>	<u>INSTRUCTION</u>
<p>20. Is there a past medical history of the following conditions/procedures/medications prior to admission</p>	<p>20. Myocardial Infarction (include date of most recent) Angina Pectoris, Coronary Insufficiency, or other Chronic Ischemic Heart Disease CHF or Congestive Cardiomyopathy Atrial Fibrillation/Flutter Ventricular Tachycardia Stroke (CVA) include date of most recent TIA Syncope Intermittent claudication or other Peripheral Vascular Disease Lower extremity bypass, angioplasty or amputation secondary to Peripheral Vascular Disease Coronary Bypass Surgery Cardiopulmonary Resuscitation Cardiac Arrest Thrombolytic Therapy Cancer include site Fall/Injuries other than fracture Fracture of the Hip Other fracture after age 50, include site Chronic Renal Failure Hypothyroidism Spinal Stenosis Emphysema/COPD Rheumatoid Arthritis Proliferative Diabetic Retinopathy Retinal Hemorrhage Diabetes/Blindness/Visual Impairment due to Diabetic Eye Disease Photocoagulation (Laser) treatment of retina Parkinson Disease Osteoporosis</p>
<p><u>DEATHS</u></p> <p>21. What was the patient's vital status at discharge</p> <p>22. Was the patient found dead</p> <p>23. What was the shortest period of time prior to death that participant was observed to be free from chest, left arm or jaw pain</p> <p>24. Was there an episode of chest, left arm or jaw pain during the 72 hours prior to death</p>	<p>21. Alive Skip to Q. 27/Dead</p> <p>22. i.e., not observed at the moment of death. If expired in ICU/CCU, code No. If No/DK Skip to Q.24</p> <p>23. Time periods: Less than 5 minutes 5 minutes to 1 hour 1 to 24 hours after start of symptoms More than 24 hours DK/Not stated</p> <p>24. Yes, No, Comatose, DK/not stated- Skip to Q26</p>

<u>ELEMENT</u>	<u>INSTRUCTION</u>
<p>25. Following development of chest, left arm or jaw pain the patient died</p>	<p>25. Time Periods: Less than 5 minutes after start of symptoms 5 minute to 1 hour after start of symptoms 1 to 24 hours More than 24 hours after start of symptoms DK/Not stated</p>
<p>26. Did a physician document the death as a terminal complication of a non-cardiovascular disease</p>	<p>26. Yes/No/DK/not stated</p>
<p><u>ACUTE CARDIOVASCULAR EVENTS</u></p>	
<p>27. Was there an acute episode of pain, discomfort or tightness in the chest, left arm, or jaw</p>	<p>27. Yes No DK/not stated - Skip to Q.36</p>
<p>28. Did the onset of the acute episode occur prior to admission</p>	<p>28. Yes No/DK/not stated - Skip to Q. 32</p>
<p>29. Did the participant take or was she given nitrates or nitroglycerine for these symptoms</p>	<p>29. Yes No/DK/not stated - skip to Q.32</p>
<p>30. Was the pain relieved by the nitrates</p>	<p>30. Yes/No/DK/not stated</p>
<p>31. Did the pain return</p>	<p>31. Yes/No DK/not stated</p>
<p>32. Record the date and time of first onset of pain</p>	<p>32. If exact time unknown: Midnight to 6 AM 6 Am to Noon Noon to 6 PM 6 PM to Midnight DK/not stated</p>
<p>33. Did any pain episode within the six weeks prior to admission last 20 minutes or longer</p>	<p>33. Yes No/DK/not stated- skip to Q. 36</p>
<p>34. For the most recent episode that lasted 20 minutes or longer, record the date/time/duration</p>	<p>34. If exact time unknown: Midnight to 6 AM 6 Am to Noon Noon to 6 PM 6 PM to Midnight DK/not stated</p>
<p>35. What was the duration of the longest episode</p>	<p>35. Hours/Minutes</p>

<u>ELEMENT</u>	<u>INSTRUCTION</u>
<u>CONGESTIVE HEART FAILURE (CHF)</u>	
36. Was the participant admitted with CHF, or did CHF develop during the hospitalization	36. Yes No/DK/not stated - Skip to Q. 42
37. Did the participant have any of the following symptoms immediately prior to admission, or did the symptoms develop during the hospitalization	37. Symptoms: Night Cough Productive Cough Dyspnea at rest Dyspnea on mild/moderate exertion-walking on level Dyspnea on extreme exertion Dyspnea Orthopnea-Dyspnea NOS/Shortness of Breath
38. Did a physician report any of the following conditions	38. Neck: Neck vein distention (jugular venous distention/JVD) Lung: Basilar rales or crackles only Rales or crackles above bases Wheezing Cardiac: S-3 gallop Cardiac murmur Abdominal: Hepatojuglar reflux Hepatomegaly Extremities: Peripheral/ankle edema
39. Blood pressure at admission	
40. Heart rate at admission	
41. Did the participant receive any of the following medications during the first 48 hours following hospitalization or diagnosis of CHF	41. Medications: Diuretics Digitalis Oxygen Nitroglycerine Angiotensin-converting enzyme inhibitor Other Vasodilators specify
<u>CHEST X-RAY</u>	
42. Was a chest x-ray done during this admission	42. Yes- Attach copy No/DK/not stated - Skip to Q. 44
43. On the first chest-X-ray done following admission (or following diagnosis of CHF, were any of the following findings reported	43. Findings: Pulmonary venous congestion or pulmonary edema Congestive Heart Failure Pleural Effusion Cardiomegaly/Cardiothoracic ratio > 0.50 Metastatic lesions/nodules Vertebral compression fracture Upper zone flow redistribution Atelectasis COPD/Emphysema

<u>ELEMENT</u>	<u>INSTRUCTION</u>
<p><u>ELECTROCARDIOGRAMS</u></p> <p>44. Were EKG's (ECG's) recorded</p>	<p>44. Yes No/DK/not stated-Skip to Q. 45</p> <ul style="list-style-type: none"> - If participant was discharged alive and Q. 27 (acute chest pain) = No/DK and Q. 36 (CHF) = No/Dk, complete Chart A. No copies of ECG's are required. - When participant was discharged alive and Q.27 = yes or Q. 36 = yes (MI,angina, or CHF), or if participant died during admission, complete Chart A and make 2 copies of ECGs as described below: <ul style="list-style-type: none"> - Attach copies of 3 tracings - If 3 or fewer tracings were made, include all tracings - If more than 3 tracings were made, include: <ol style="list-style-type: none"> 1) First codable tracing 2) Last codable tracing prior to discharge or death (discharge tracing) 3) Last codable tracing recorded on day 3 (or first tracing thereafter) following an admission or in-hospital event <p>NOTE: If only 2 ECG's are obtained using the above criteria, obtain a third by copying the tracing immediately preceding the "discharge tracing"</p> <ul style="list-style-type: none"> - If the participant is readmitted (transferred) to ICU/CCU because of a new episode of chest pain, also copy the first codable tracing recorded after transfer - Make 2 copies of each ECG specified above
<p><u>SERUM ENZYMES</u></p> <p>45. Were serum cardiac enzyme measurements performed during admission</p> <p>46. Was Total CK measured within 72 hours after onset of acute symptoms</p> <p>47. Was CK-MB-measured within 72 hours after admission or after onset of acute symptoms</p> <p>48. Was LDH measured within 72 hours after admission or after onset of acute symptoms</p> <p>49. Did the participant have active liver disease (cirrhosis, hepatitis, liver cancer, etc.)</p> <p>50. Was there trauma (severe injury) during the 7 days prior to admission</p> <p>51. Did the participant have any surgical procedure this admission involving muscle cutting and/or general</p>	<p>45. Yes-Complete Chart B. No/DK/not stated -Skip to Q.50</p> <p>46. Yes/No/DK/not stated</p> <p>47. Yes/No/DK/not stated</p> <p>48. Yes/No/DK/not stated</p> <p>49. Yes -Specify No/DK/not stated</p> <p>50. Yes-Specify No/DK/not stated</p> <p>51. Yes-Specify Date/Procedure No/DK/not stated</p>

<u>ELEMENT</u>	<u>INSTRUCTION</u>
<u>ANGINA</u>	
52. Was a stress test done	52. Yes-Attach copy No/Unknown/not stated
53. Was angiography performed	53. Yes-Attach copy No/Unknown/not stated
<u>SPINAL STENOSIS/DISC DISEASE</u>	
54. Was a CT scan or MRI of the lumbar spine performed	54. Yes-Specify CT or MRI; Attach copy No/Unknown/not stated
<u>SPIROMETRY</u>	
55. Was spirometry (PFT) performed	55. Yes-Attach copy No/Unknown/not stated
<u>CANCER</u>	
56. Was there a diagnosis of cancer	56. Yes/No
57. Post discharge follow-up care source	
58. Stage of disease at discharge	
59. Photocopies of pathology report	59. Yes-Number of reports No-explain
<u>BACK DISORDER</u>	
60. Was participant admitted with either intervertebral disc disease, sciatica, or spinal stenosis	60. Yes/No
61. Was a lumber spine x-ray done during this admission	61. Yes-Attach copy No
62. Was a CT scan done during this admission	62. Yes-Attach copy No
63. Was a MRI scan done during this admission	63. Yes-Attach copy No
64. Did the patient have a surgical procedure on her back during this admission	64. Yes-Attach copy No

<u>ELEMENT</u>	<u>INSTRUCTION</u>
<p><u>STROKE</u></p> <p>65. Post Discharge follow-up care source</p> <p>66. Medications at discharge</p> <p>67. Attach photocopies</p>	<p>65. Obtain admission and discharge notes from Rehab hospital post stroke and last notes by OT and PT</p> <p>67. Copies Attached: All cases: Admission History and Physical Discharge Summary Chest X-ray Report</p> <p>Certain Cases: ECGs-See Q.44 Stress Test Report-See Q. 52 Angiography-See Q. 53 CT/MRI Lumbar spine- See Q. 54 Cancer Pathology Report- See Q.59 Neurology-Admission notes by Housestaff and Attendings If patient not admitted to Neurology Service, copy all Neuro Consultant notes for last 3 days Final OT and PT notes All CT/MRIs EMG/NCS</p>

Study Number _____

Date film taken ____ / ____ / ____

Osteoarthritis Grading Sheet

KNEE X-RAY

	RIGHT KNEE	LEFT KNEE
Kellgren-Lawrence	0 1 2 3 4 9	0 1 2 3 4 9
Osteophytes		
Medial	0 1 2 3 9	0 1 2 3 9
Lateral	0 1 2 3 9	0 1 2 3 9
Narrowing		
Medial	0 1 2 3 9	0 1 2 3 9
Lateral	0 1 2 3 9	0 1 2 3 9
Sclerosis		
Medial	0 1 9	0 1 9
Lateral	0 1 9	0 1 9
Tibial spines - sharpening	0 1 9	0 1 9
Chondrocalcinosis	0 1 9	0 1 9
Varus	0 1 9	0 1 9
Valgus	0 1 9	0 1 9
Old trauma	0 1 9	0 1 9

Comments: _____

Reader's initials _____

Date read ____ / ____ / ____

Study Number _____

Date film taken ____ / ____ / ____

Osteoarthritis Grading Sheet

HIP X-RAY

	RIGHT HIP	LEFT HIP
Kellgren-Lawrence	0 1 2 3 4 9	0 1 2 3 4 9
Osteophytes		
Acetabular	0 1 2 3 9	0 1 2 3 9
Femoral	0 1 2 3 9	0 1 2 3 9
Narrowing		
Medial	0 1 2 3 9	0 1 2 3 9
Superior	0 1 2 3 9	0 1 2 3 9
Sclerosis	0 1 9	0 1 9
Chondrocalcinosis	0 1 9	0 1 9
Deformity of femoral head	0 1 9	0 1 9

Comments: _____

Reader's initials _____

Date read ____ / ____ / ____

Women's Health and Aging Study

HAND PHOTO EVALUATION

Participant ID _____

Rater ID _____

Date read _____

CODES: 0 = Absent
 1 = Present
 8 = Amputated joint
 9 = Unreadable

If normal hand (box checked at bottom, chart does not have to be filled in. If any abnormalities, fill in all of chart.

		LEFT HAND			RIGHT HAND				
		Soft tissue	Bony prom	Deformity	Soft tissue	Bony prom	Deformity		
Thumb	IP								
	MCP								
	CMC								
2nd	DIP								
	PIP								
	MCP								
3rd	DIP								
	PIP								
	MCP								
4th	DIP								
	PIP								
	MCP								
5th	DIP								
	PIP								
	MCP								
Wrist									
Total number of abnormal joints									
Diagnosis:		Absent Present Can't tell			Absent Present Can't tell				
Circle code:		OA	0	1	9	OA	0	1	9
		RA	0	1	9	RA	0	1	9
If other diagnosis, write in:									
NORMAL HAND		<input type="checkbox"/>			<input type="checkbox"/>				

Adapted from Verbrugge, Arthritis and Daily Life Project