

# CSQ

Connective Tissue Disease Screening Questionnaire

**Name:**

**DOB:**

**Date:**

## Background Questions

Sex (circle one)                      Male                      Female

Year of Birth                      \_\_\_\_\_

Racial Group (circle one): American Indian/Alaska Native

Asian

Black or African-American

Caucasian

Hispanic

Native Hawaiian or other Pacific Islander

Do you consider yourself to be an individual with more than one racial background?

(circle one)                      Yes                      No

If you consider yourself to be an individual with more than one racial background, please indicated which groups are represented in your background and the approximate proportion of each?

Do you consider yourself of a particular ethnic background? (circle one)    Yes    No

If you consider yourself of a particular ethnic background, please note the background:

Where are your parents from? \_\_\_\_\_

Where are your grandparents from? \_\_\_\_\_

Where are your great-grandparents from? \_\_\_\_\_

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Connective Tissue Disease Questionnaire

1. Have you had arthritis or rheumatism for more than 3 months?

No\_\_ Yes\_\_

2. Have you ever had joint stiffness in the morning lasting at least one hour for more than 6 weeks?

No\_\_ Yes\_\_

3. Have you ever had nodules or bumps under the skin around the elbow or ankle?

No\_\_ Yes\_\_

4. Have you ever had swelling in any of the following joints (lasting more than 6 weeks)?

	<u>Left</u>		<u>Right</u>	
	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>
a) wrist	—	—	—	—
b) finger (but not the joints nearest the fingernails)	—	—	—	—
c) elbow	—	—	—	—
d) knee	—	—	—	—

5. Have you had a blood test for rheumatoid arthritis?

No\_\_ Yes\_\_

5a. If yes, was the result: negative? \_\_\_ positive? \_\_\_ don't know \_\_\_

6. Have you had a blood test for lupus, (e.g., antinuclear antibody, ANA, FANA, or LE prep):

No\_\_ Yes\_\_

6a. If yes, was the result: negative? \_\_\_ positive? \_\_\_ don't know \_\_\_

7. Are your fingers usually sensitive to the cold?

No\_\_ Yes\_\_

8. Have your fingers ever shown any unusual color changes in the cold?

No\_\_ Yes\_\_

8a. If yes, was the result: white?\_\_\_ blue?\_\_\_ purple?\_\_\_ red?\_\_\_

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**HAVE YOU EVER HAD:**

	<u>No</u>	<u>Yes</u>
9. Sores in your mouth or nose for more than two weeks at a time?	—	—
10. Rash on your cheeks for more than a month?	—	—
11. Skin break out (rash) after being in the sun (not sunburn)?	—	—
12. Pleurisy or chest pain made worse with deep breaths for more than a few days?	—	—
13. Rapid loss of lots of hair?	—	—
14. A seizure, convulsion, or fit?	—	—
15. Puffy, swollen fingers for more than a month?	—	—
16. Skin thickening or tightening of arms or legs, face, neck or trunk?	—	—
17. Skin thickening or tightening of the fingers or toes?	—	—
18. Sores leaving scars in the finger tips?	—	—
19. Muscle weakness for more than 3 months?	—	—
20. Weakness rising from a sitting position for more than 3 months?	—	—
21. weakness combing your hair for more than 3 months?	—	—
22. A gritty or sandy sensation in your eyes?	—	—
23. Dry mouth awakening you and requiring a drink or water?	—	—

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**HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAD:**

	<u>No</u>	<u>Yes</u>
24. Anemia?	—	—
25. Low white cell count?	—	—
26. Low platelet count?	—	—
27. Protein in your urine?	—	—
28. Discoid lupus?	—	—
29. Pulmonary fibrosis (scarring of the lungs)?	—	—
30. High CPK (muscle enzyme)?	—	—