Ontario Biologics Research Initiative: Safety and Effectiveness Study



STUDY ASSESSMENT FORM PLEASE FAX TO: 1-888-757-6506

Laboratory:
ESR: mm/hr □ Not Done CRP: mg/l □ Not Done Date: //(dd/mm/yy) Date: //(dd/mm/yy)
Joint Assessment:
We have provided a 68 joint homunculus. However, we only require a 28 joint count assessment (selected joints are highlighted). Please <u>shade</u> in all tender & swollen joints. I joint has been <u>replaced</u> or <u>injected</u> with corticosteroids within the last 3 months, it should NOT be counted. Please use an arrow to indicate these joints.
Tender Joint Count Swollen Joint Count
R L R L Number of Tender Joints: Joints: L R Number of Swollen Joints:
► Erosions on X-ray? □ No □ Unsure □ Yes, Year of X-Ray:
Additional Comments: