

Juvenile Idiopathic Arthritis Genetics Questionnaire

The JIA Genetics Group in the Rheumatology Division of the Cincinnati Children's Hospital Medical Center is committed to maintaining contact with JIA patients and their families. We encourage patients and/or family members to fill out a short one page questionnaire to help us maintain current clinical and demographic information in our databases.

1. Contact Information:

a) Person with Juvenile Idiopathic Arthritis (JIA)

Name: _____

b) Person completing form

Name: _____

Relationship: _____

c) Address of Person with JIA

Address: _____

City: _____

State/Territory: _____

Zip: _____

Country: _____

Email: _____

Phone #: _____

2. Clinical Information Update:

a) Is your (or your child's) primary diagnosis still JIA?

Yes No I don't know

If "No", please list current diagnosis: _____

b) Has eye disease (uveitis) been diagnosed?

Yes No I don't know

c) Are erosions present (abnormal x-rays or joint replacement surgery)?

Yes No I don't know

d) Current Physician/Rheumatologist

Name: _____ I don't know

Phone Number: _____ I don't know

3. Please review the following list and check the medications which you (or your child) are now using or have used in the past.

Medications	Now	In the past
Prednisone/Prednisolone		
Methotrexate, oral		
Methotrexate, SQ		
Etanercept		
Infliximab		
Adalimumab		
Anakinra		
Orencia		
Rituximab		
Abatacept		

4. Newsletter feedback

a) Did you find the newsletter to be informative?

Yes No

b) What is your preferred method to receive future editions of the newsletter?

Email USmail

c) Is there any information that you would like to see in future newsletters?

5. Additional Comments:

Thank you for your time,

JIA Genetics Group
 Sandy Kramer, CRC
 Recruiter and Study Manager
 513-636-7692
 513-636-4116 (fax)
 JIAGenetics@cchmc.org