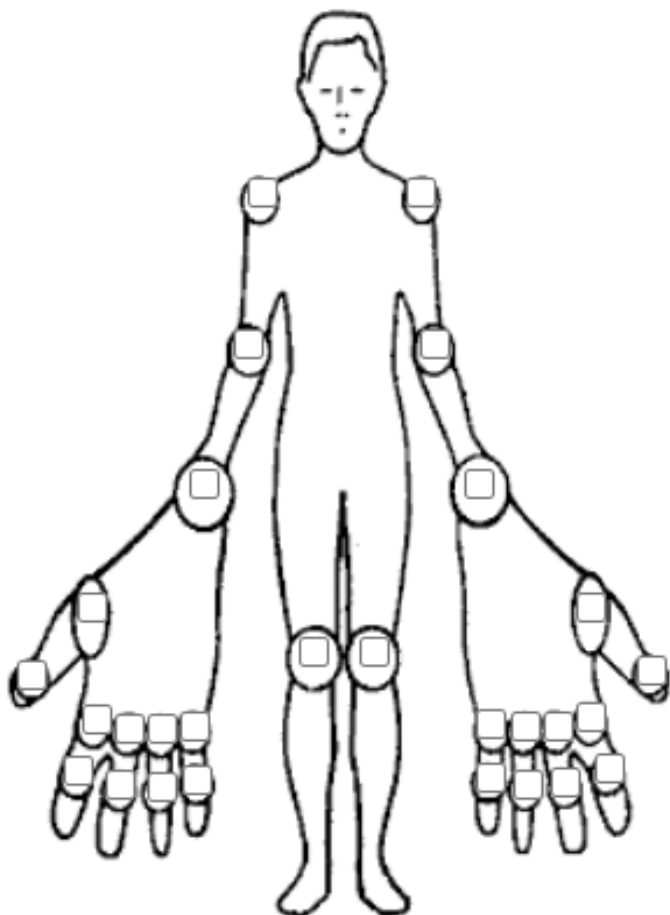


PROTOCOL ID: _____ SUBJECT ID NUMBER: S01-_____-_____

VISIT NUMBER: _____ DATE: ____/____/____

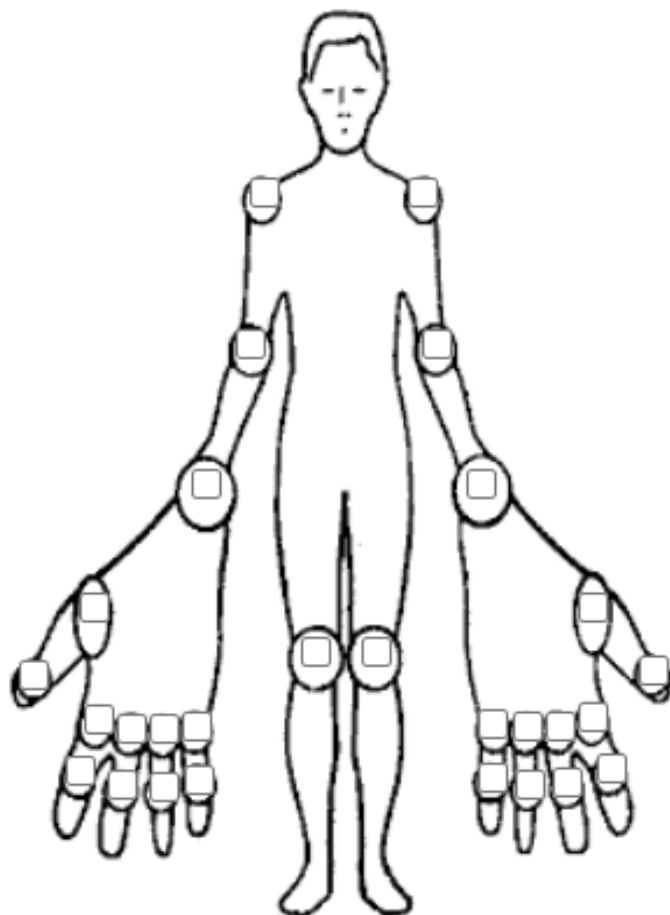
FOR PHYSICIAN USE: Please review each joint with your study participant and note which joints the subject reports as being tender or swollen. Add the total number of swollen or tender joints together to determine the total count and add the number on the line provided at the bottom of each diagram.

28 SJC Swollen Joints



Total Count _____

28 TJC Tender Joints



Total Count _____