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Site Number

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Subject Number

Swollen/Tender Joint Count Assessment**1 Swollen/Tender Joint Count Assessment**Date of Collection
(DD-MM-YYYY)

MKDAT

Laterality

MKLAT

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- ☐ Right
☐ Left

2 UPPER BODY

	Joint Location MKLOC	Tender - Joint Not Evaluable TNDRIND_MKREASND	Tender - Result TNDRIND_MKORRES	Tender - Not Done TNDRIND_MKSTAT	Swollen - Joint Not Evaluable SWLLRIND_MKREASND	Swollen - Result SWLLRIND_MKORRES	Swollen - Not Done SWLLRIND_MKSTAT
2.1	Temporomandibular	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
2.2	Sternoclavicular	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
2.3	Acromioclavicular	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

3 UPPER EXTREMITY

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
3.1	Shoulder	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
3.2	Elbow	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>



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Swollen/Tender Joint Count Assessment**3 UPPER EXTREMITY**

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
3.3	Wrist	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

4 HAND

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
4.1	MCP I	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.2	MCP II	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.3	MCP III	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.4	MCP IV	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.5	MCP V	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.6	IP I	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>



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Swollen/Tender Joint Count Assessment**4 HAND**

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
4.7	PIP II	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.8	PIP III	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.9	PIP IV	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.10	PIP V	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.11	DIP II	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.12	DIP III	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.13	DIP IV	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
4.14	DIP V	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>



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Swollen/Tender Joint Count Assessment**5 LOWER EXTREMITY**

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
5.1	Hip	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
5.2	Knee	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
5.3	Ankle	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
5.4	Tarsus	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>

6 FOOT

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
6.1	MTP I	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.2	MTP II	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.3	MTP III	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>



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Swollen/Tender Joint Count Assessment**6 FOOT**

	Joint Location	Tender - Joint Not Evaluable	Tender - Result	Tender - Not Done	Swollen - Joint Not Evaluable	Swollen - Result	Swollen - Not Done
6.4	MTP IV	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.5	MTP V	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.6	IP	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.7	PIP II	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.8	PIP III	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.9	PIP IV	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
6.10	PIP V	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>