



## **ARNet Patient Registry**

### **Master Question File**

1. Email Address
2. Are you completing this survey for someone other than yourself?
3. Have you been diagnosed with an autoimmune disease?
4. Please select the autoimmune/autoimmune related disease(s) you have been diagnosed with.
5. At what age did you first seek medical advice for your symptoms?
6. Was your diagnosis of an autoimmune disease confirmed by a specialist?
7. At what age were you first diagnosed by a specialist?
8. How many doctors have you seen for your autoimmune disease?
9. How many doctors did you see before you were correctly diagnosed?
10. Do you have first degree relatives (mother, father, sibling, aunt, uncle, grandparent, grandchild) with an autoimmune disease??
11. Do you currently smoke tobacco?
12. How many cigarettes do you smoke per day?
13. What is your sex?
14. What year were you born?
15. What country were you born in?
16. Are you Hispanic?
17. My race or origin is:
18. What is your approximate current height? (i.e. 5 feet, 7 inches)
19. What is your approximate weight in pounds?
20. What was your approximate birth weight?
21. What is your marital status?
22. What language do you speak at home?
23. What is your education level?
24. What is your employment status?
25. What is your approximate average household income?
26. May we contact you if a researcher has an interest in you and your disease?
27. Contact Information