



Arizona Arthritis Clinic, PLLC  
Dr. Amer Al-Khoudari, MD, FACR

**Lupus Screening Questionnaire**

Name: ----- Age: -----

Sex: M F Ethnic group: White Black Hispanic Other:

Circle Yes or No for each question below:

1. Do your fingers become pale, numb or uncomfortable in the cold?

Yes No

2. Does your skin break out after you have been out in the sun? (not sunburn)

Yes No

3. Rapid loss of hair?

Yes No

4. Arthritis or rheumatism for more than 3 months?

Yes No

5. A prominent rash on your cheeks for more than a month?

Yes No

6. Sores in your mouth for more than 2 weeks?

Yes No

7. For more than a few days, pain when you breathe deeply (pleurisy)?

Yes No

8. A seizure, convulsion or fit?

Yes No

9. History of Blood or Protein (albumin) in your urine?

Yes No

10. Low blood counts (anemia, low white cell count or low platelet count)?

Yes No