

LUPUS QUESTIONNAIRE

Name: _____

Date: _____

1. What type of lupus do you have? (ie: systemic lupus erythematosus {SLE}, discoid lupus erythematosus {DLE})
2. When was lupus diagnosed?
3. What tests have been performed? What were the results?
4. Have you ever been treated for any of the following? If so, when?

heart disorders?	kidney disorders?
skin rashes?	arthritis symptoms
anemia?	low white blood count?
respiratory disorders?	
5. What medications have / do you take? Please list names and dates taken?
6. Do you have symptoms while taking medications?
7. If you are in remission, when did remission begin?
8. Have you had multiple remissions? If so, when?
9. Do you take medications while in remission?
10. Are your daily activities altered by lupus? (ie: disabled, restricted activities, etc)
11. How often do you see the doctor? When was the last visit?