

## BIOLOGICS SAFETY SCREENING TOOL (BSST)

Date:		Patient Identification Number:	
Diagnosis:		Age <sup>1</sup> :	
1. How long have you had arthritis? <sup>1</sup>			
2. Do you have diabetes? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Do you have high blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Have you ever or do you currently smoke cigarettes? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Number of packs per day: _____ Number of years smoked: _____ Currently Smoking: <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have or are you being treated for high cholesterol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Last Cholesterol Check? _____ <input type="checkbox"/> Never
6. Have you ever been diagnosed with emphysema (COPD)? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Are you taking prednisone? <sup>2</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Current Dose: _____
8. In the last year, have you had a serious infection that required antibiotics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Have you ever had a skin infection (cellulitis) requiring antibiotics? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10. Have you ever had a chest infection (pneumonia) requiring antibiotics? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11. Have you ever had a bladder infection (urinary tract) requiring antibiotics? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
12. Have you ever had an infected joint (septic arthritis) requiring antibiotics? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
13. Have you ever had shingles? <sup>3</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
14. Have you ever had a serious bone infection (osteomyelitis) that required antibiotics? <sup>1</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
15. Do you have or have you ever been treated for hepatitis B? <sup>4</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
16. When is the last time you took antibiotics for an infection? <sup>5</sup>			

### References

- Doran MF et al. *Arthritis Rheum.* Sep 2002;46(9):2287-2293.
- Wolfe F et al. *Arthritis Rheum.* Feb 2006;54(2):628-634.
- Strangfeld A et al. *JAMA.* Feb 18 2009;301(7):737-744.
- Carroll MB et al. *Semin Arthritis Rheum.* Dec 2008;38(3):208-217.
- Asking J et al. *Curr Opin Rheumatol.* Mar 2008;20(2):138-144.
- Tuberculosis Risk Factors. <http://www.mayoclinic.com/health/tuberculosis/DS00372/DSECTION=risk-factors>

17. <i>Have you ever been diagnosed with tuberculosis?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
18. <i>Do you know anyone who has had tuberculosis (Tb)?</i> <sup>6</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
19. <i>Have you ever received treatment for tuberculosis (Tb)?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20. <i>Have you ever had a positive skin test for tuberculosis (Tb)?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
21. <i>Have you ever been vaccinated for tuberculosis (Tb)?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
22. <i>Where were you born (what country)?</i> <sup>6</sup>			
23. <i>Have you ever lived in or travelled to any of these areas (check all that apply)?</i> <sup>6</sup>	<input type="checkbox"/> North America <input type="checkbox"/> Europe <input type="checkbox"/> Asia <input type="checkbox"/> Middle East <input type="checkbox"/> South America <input type="checkbox"/> Africa <input type="checkbox"/> Australia		
24. <i>Have you ever lived or worked in a prison, immigration centre, or a nursing home?</i> <sup>6</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
25. <i>Have you ever worked in a health-care setting such as a hospital?</i> <sup>6</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
26. <i>Have you ever used IV drugs such as heroin or cocaine?</i> <sup>6</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
27. <i>Have you ever been told you have congestive heart failure?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
28. <i>Have you ever been told you have multiple sclerosis?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
29. <i>Do any of your close family members have multiple sclerosis?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
30. <i>Have you ever been diagnosed with cancer?</i> <sup>5</sup>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

References

1. Doran MF et al. *Arthritis Rheum.* Sep 2002;46(9):2287-2293.
2. Wolfe F et al. *Arthritis Rheum.* Feb 2006;54(2):628-634.
3. Strangfeld A et al. *JAMA.* Feb 18 2009;301(7):737-744.
4. Carroll MB et al. *Semin Arthritis Rheum.* Dec 2008;38(3):208-217.
5. Askling J et al. *Curr Opin Rheumatol.* Mar 2008;20(2):138-144.
6. Tuberculosis Risk Factors. <http://www.mayoclinic.com/health/tuberculosis/DS00372/DSECTION=risk-factors>