

PHYSICIAN STUDY VISIT Follow Up QUESTIONS

1. Please rate your patient's disease activity on a scale of 0 - 10 with 0 being very good and 10 being very bad: _____

DELETE THIS PORTION IF PATIENT DOES NOT HAVE APP

During the last 3 months, you received **NUMBER** flare report(s), which is attached to this email for your reference. Please answer the following regarding the flare report(s):

2. The flare report assisted me in the management of my patient:

- a) Strongly Agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly Disagree

3. Please check any action that was taken in response to the flare reports received in the last 3 months:

- a) No action required
- b) Called patient
- c) Saw patient in person
- d) Changed medication