

Additional file 1: Data collection form

Date:-.....-.....

Patient number reported in HIX:

Informed consent: Yes/No

General description of the consultation		
Drug-related action(s)	Used drug information: Presence (P) Strength (S) Frequency (F) Drug not in use (N)	Explanation
	P: S: F: N:	
	P: S: F: N:	
Additional questions asked by the rheumatologists to verify patient's drug use		