



ORENCIA® Intravenous (IV) (abatacept) My Rheumatoid Arthritis Diary



A tool to help you manage your arthritis

Over a 6-month period (minimum) your healthcare team may ask you to complete this treatment diary each week. It is designed to help you measure the effect of ORENCIA IV on your rheumatoid arthritis (RA).

Please remember to bring this record with you to your appointments with your healthcare provider.

This record should not take you long to fill out each week. By answering the questions inside regularly, you will have a record of your treatment to discuss with your healthcare team.





My RA diary

Complete this form each week. Take all your dated and completed forms with you whenever you visit your healthcare provider.

Week 1

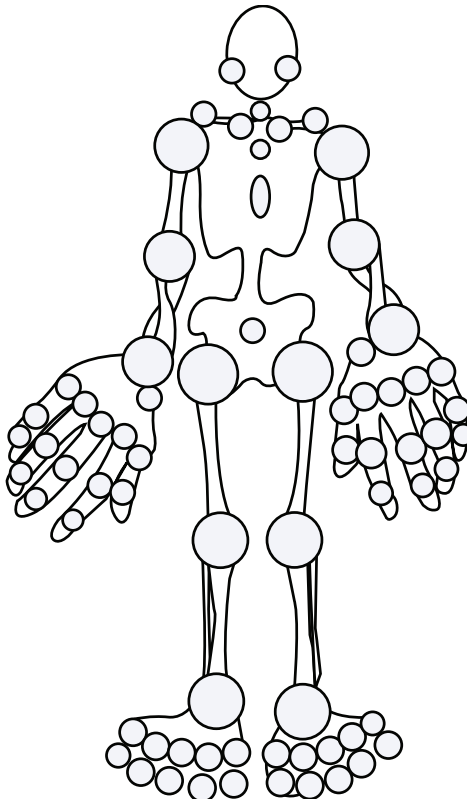
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

[illegible]

A printable interactive version of this diary is also available at: **www.myORP.ca.**



My RA diary

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Week 2

Date:

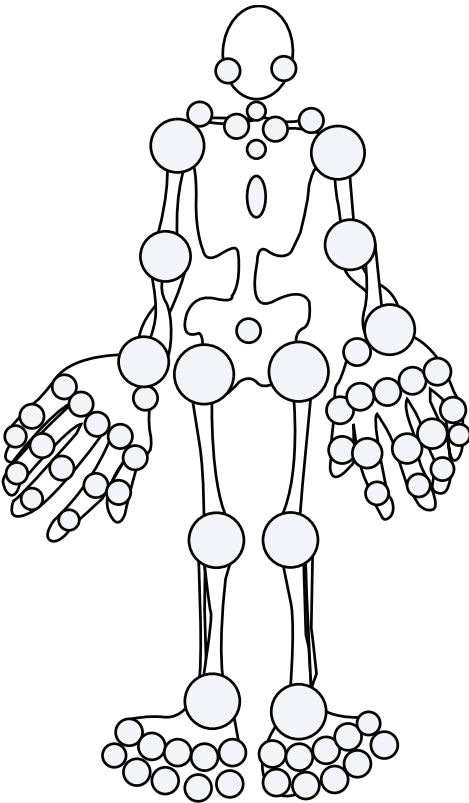
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

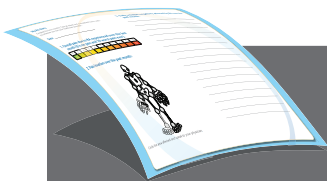
0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

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Week 3

Date:

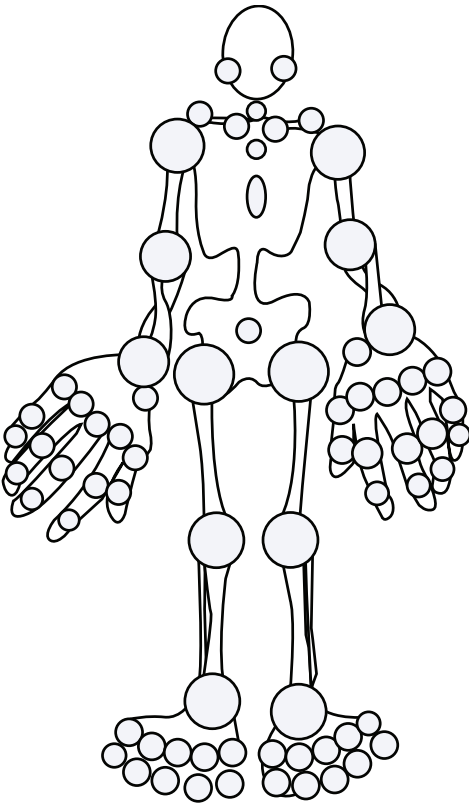
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

[illegible]

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Week 4 **Date:**

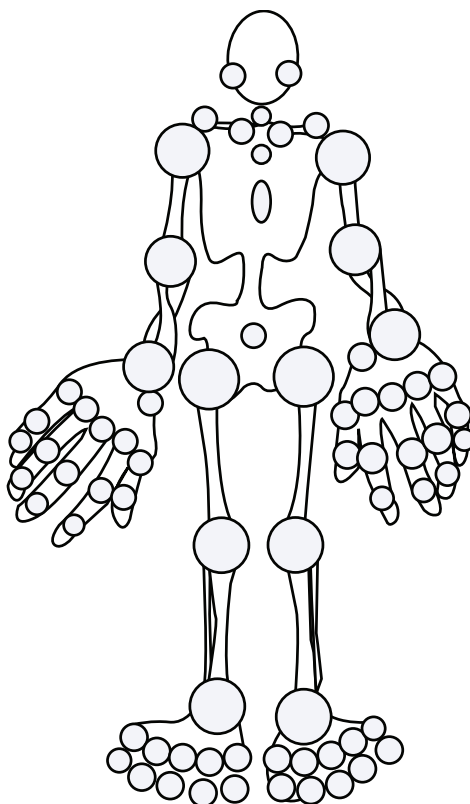
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



[illegible]

www.myORP.ca.



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Week 5 **Date:**

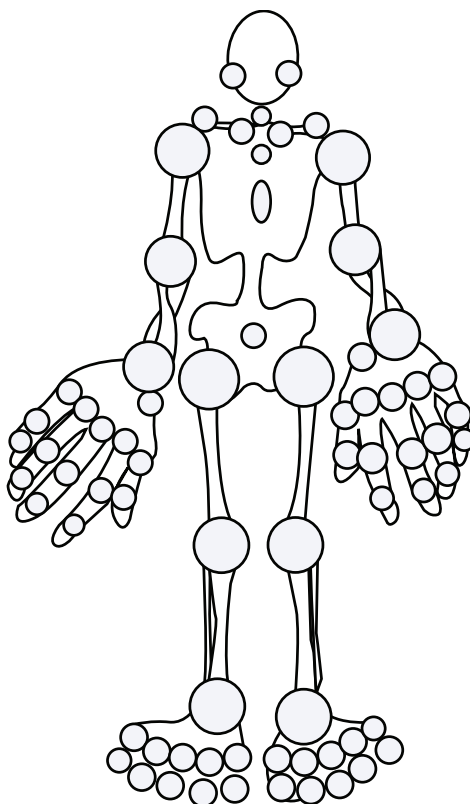
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



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Week 6 Date:

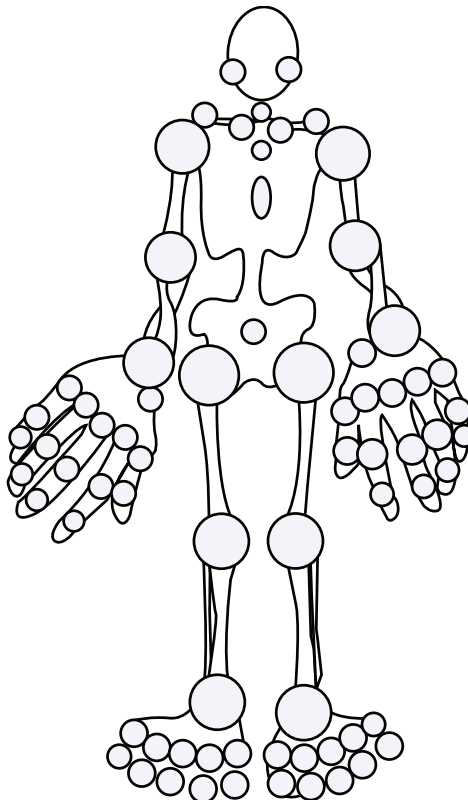
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



[illegible]

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Week 7 **Date:**

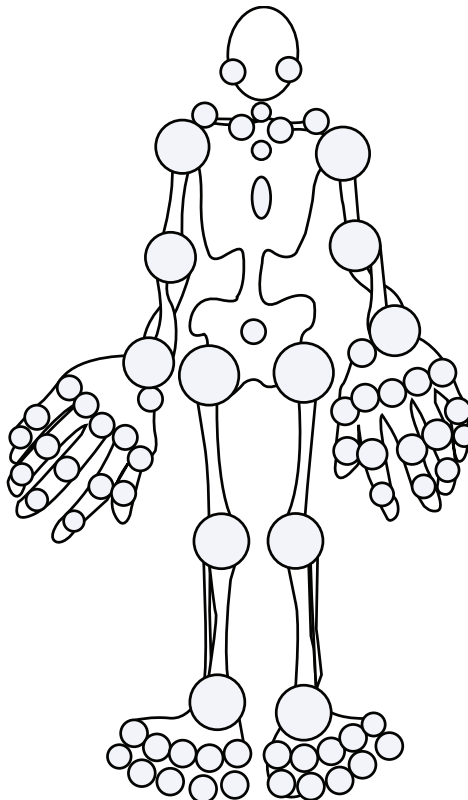
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

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Week 8 Date:

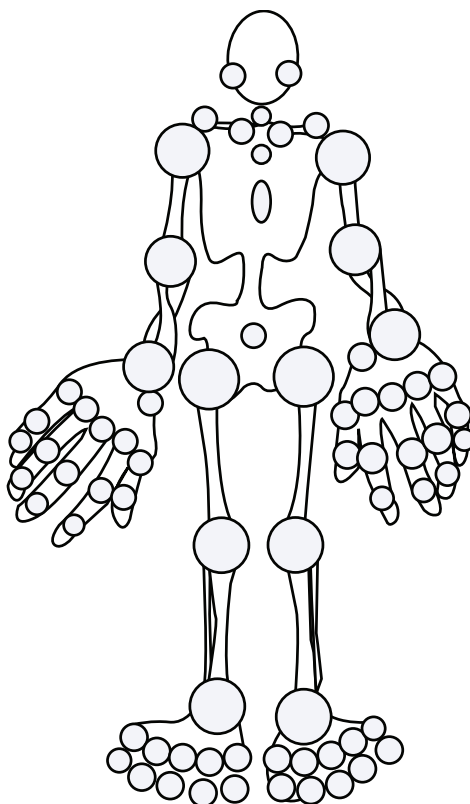
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

[illegible]

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Week 9

Date:

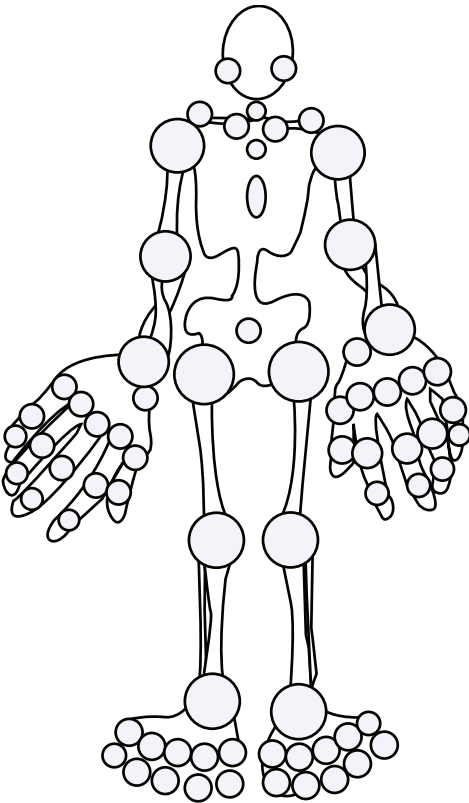
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

[illegible]

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Week 10

Date:

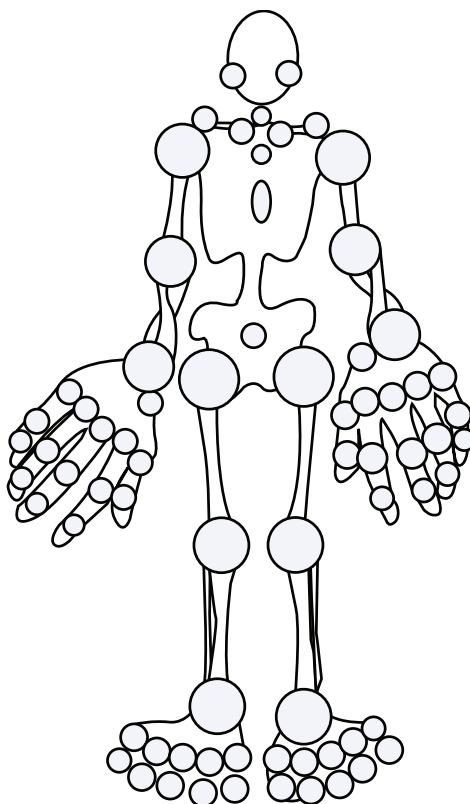
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

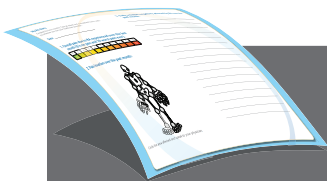
0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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Week 11

Date:

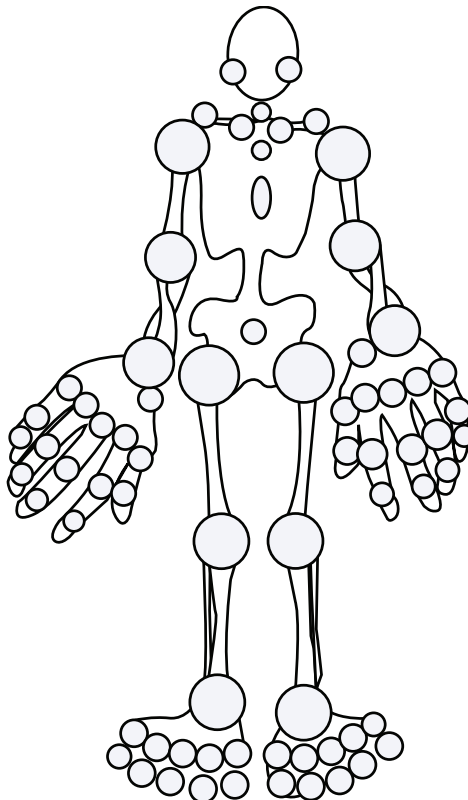
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

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Week 12

Date:

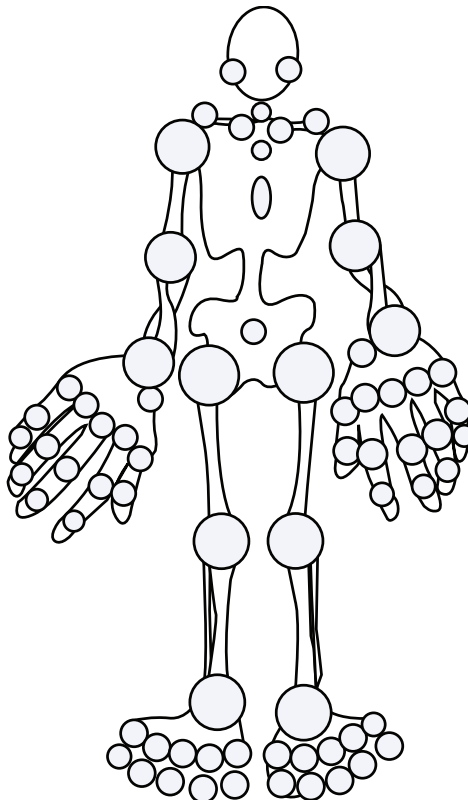
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

[illegible]

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Week 13

Date:

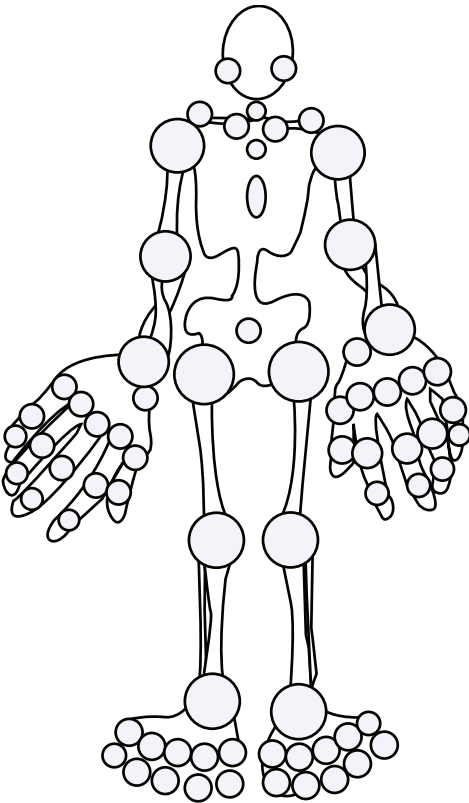
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

[illegible]

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Week 14

Date:

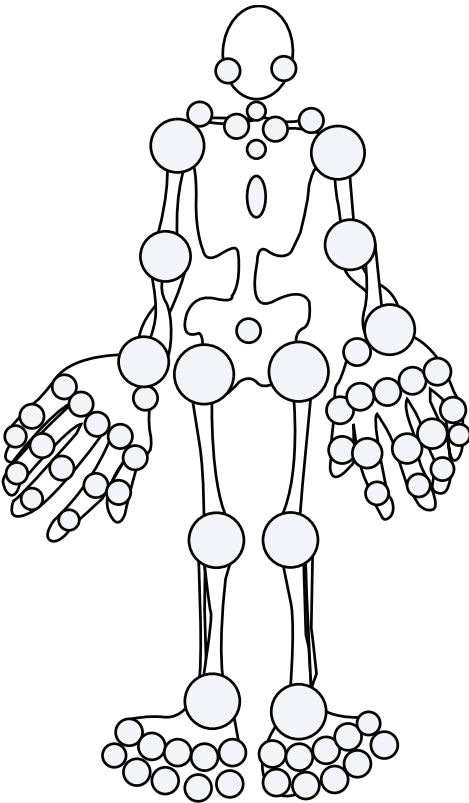
1. Overall pain due to RA experienced over the last week

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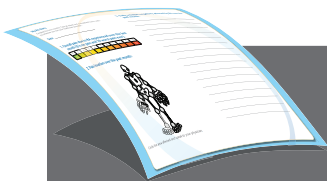
0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



3. Daily activities negatively affected by RA over the past week:

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Week 15

Date:

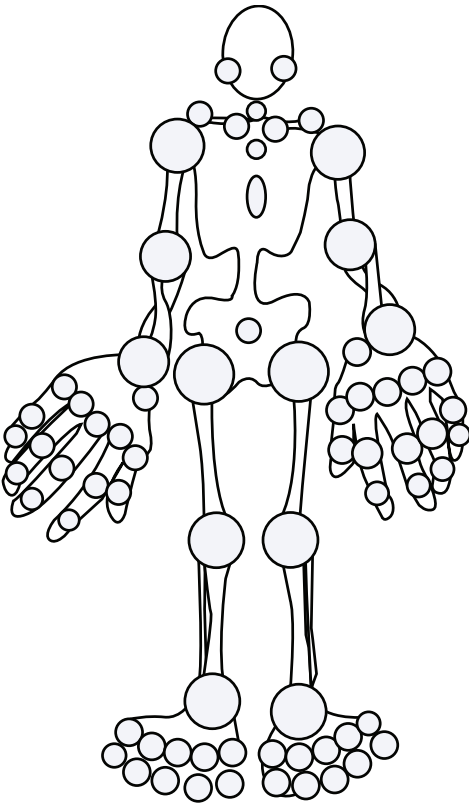
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

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😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



[illegible]

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Week 16

Date:

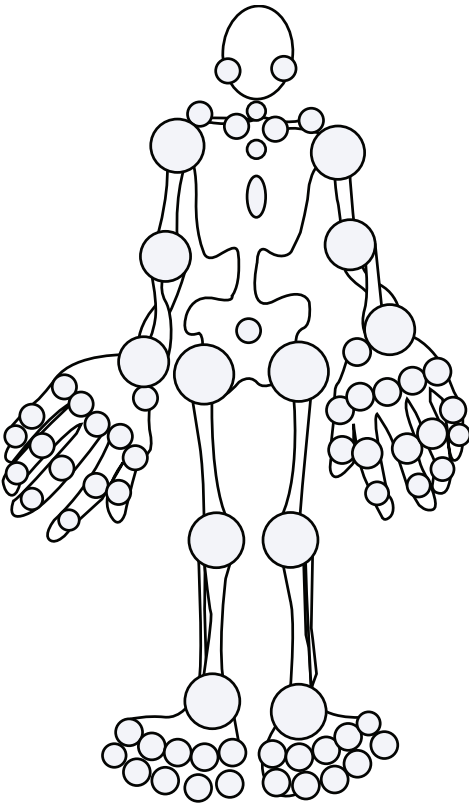
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

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😊										😞

2. Pain location over the past week:

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3. Daily activities negatively affected by RA over the past week:

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Date:

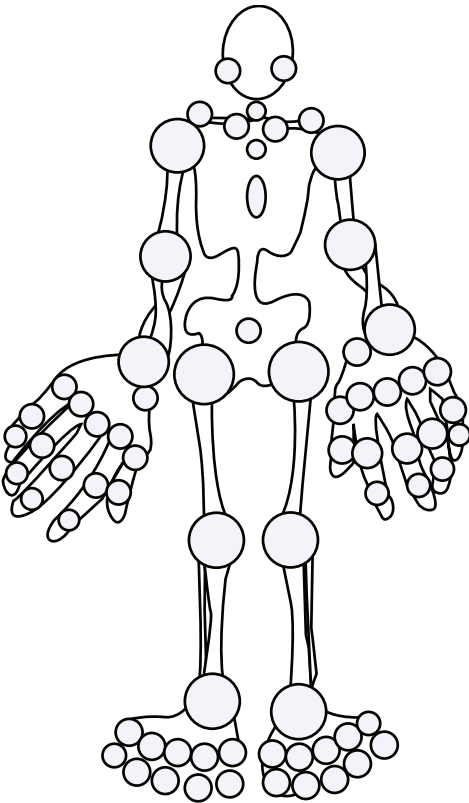
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😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



[illegible]

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Week 18

Date:

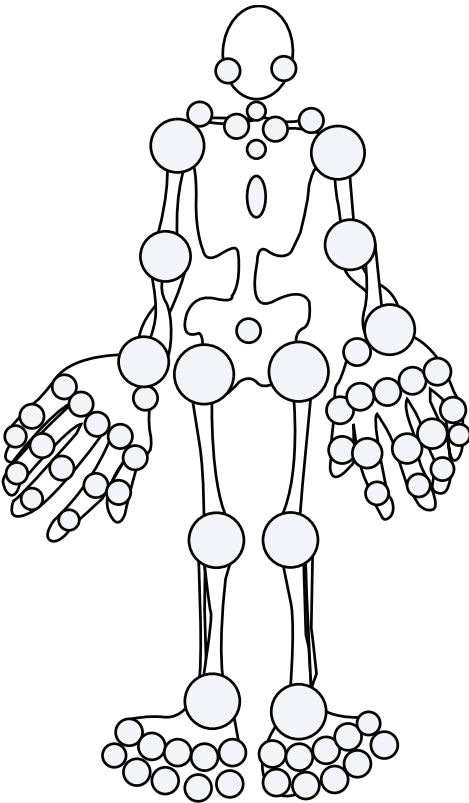
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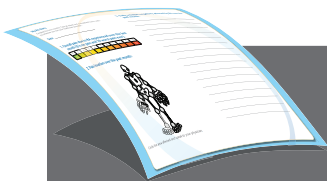
0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

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3. Daily activities negatively affected by RA over the past week:

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Week 19

Date:

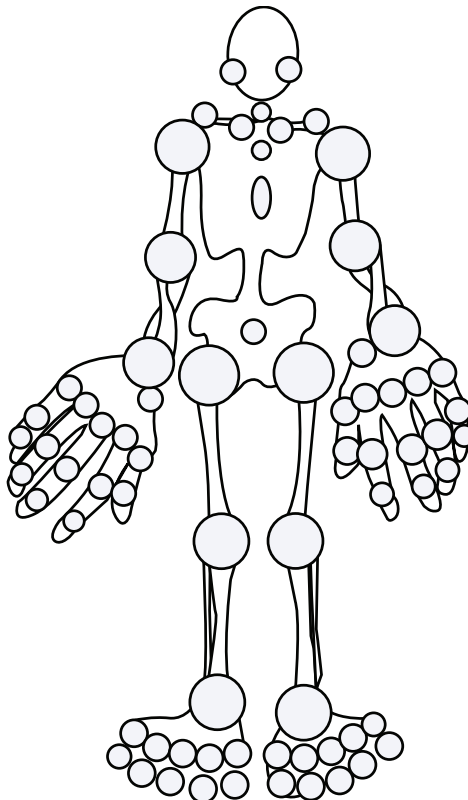
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😊										😞

2. Pain location over the past week:

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3. Daily activities negatively affected by RA over the past week:

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Week 20

Date:

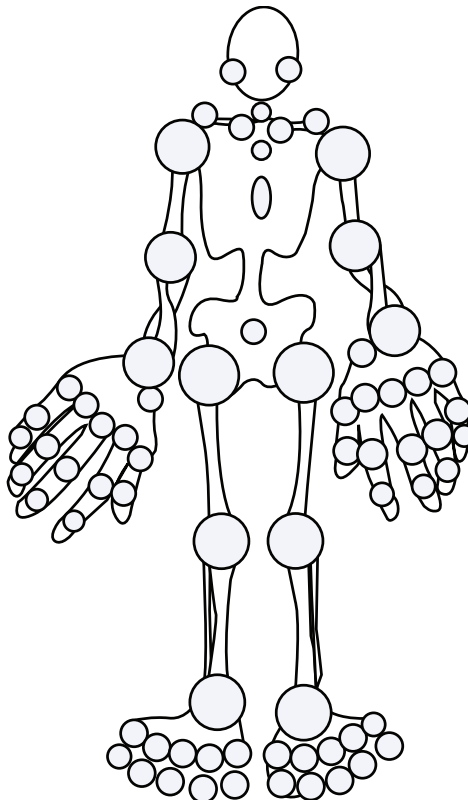
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😊										😞

2. Pain location over the past week:

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3. Daily activities negatively affected by RA over the past week:

[illegible]

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Week 21

Date:

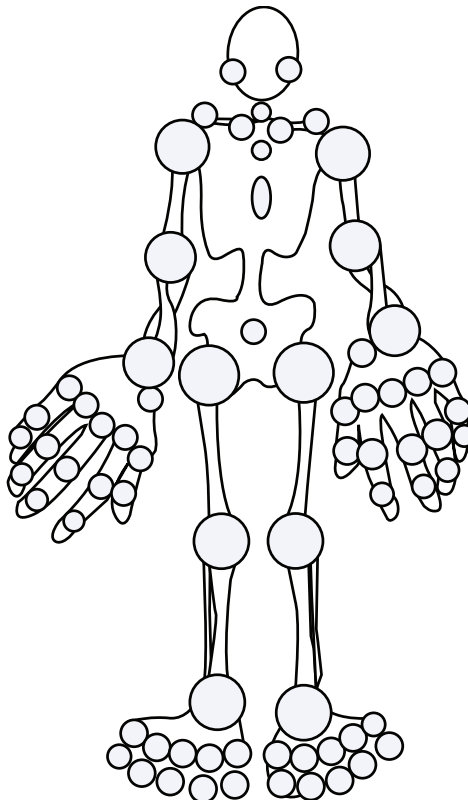
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😊										😞

2. Pain location over the past week:

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3. Daily activities negatively affected by RA over the past week:

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Week 22

Date:

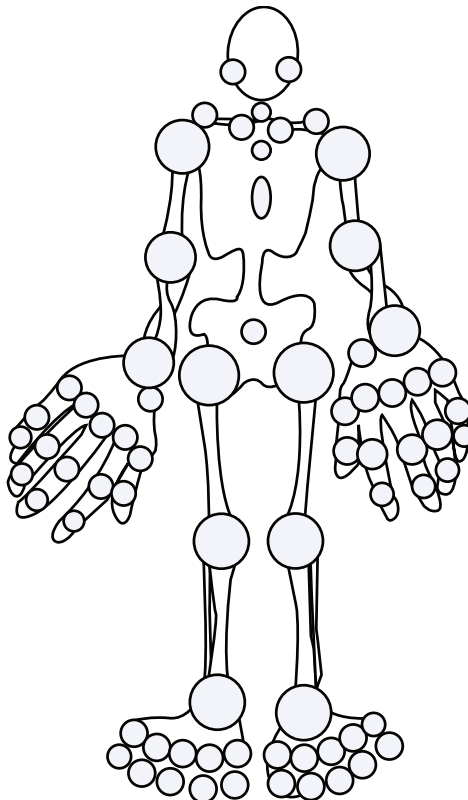
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😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



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Week 23

Date:

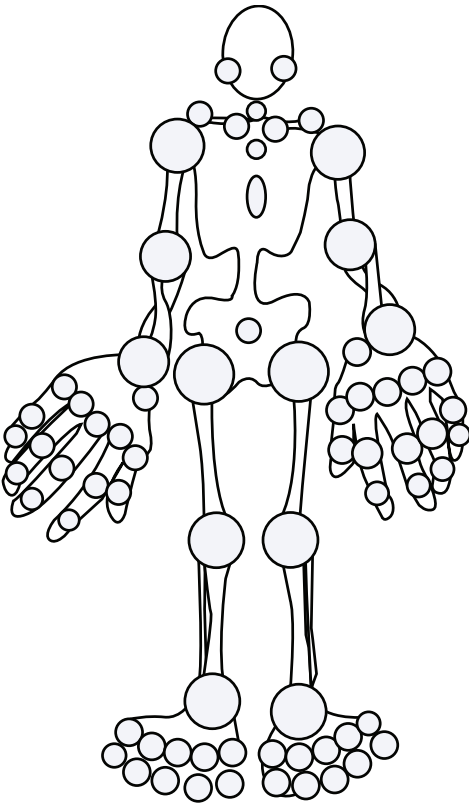
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😊										😞

2. Pain location over the past week:

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3. Daily activities negatively affected by RA over the past week:

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Week 24

Date:

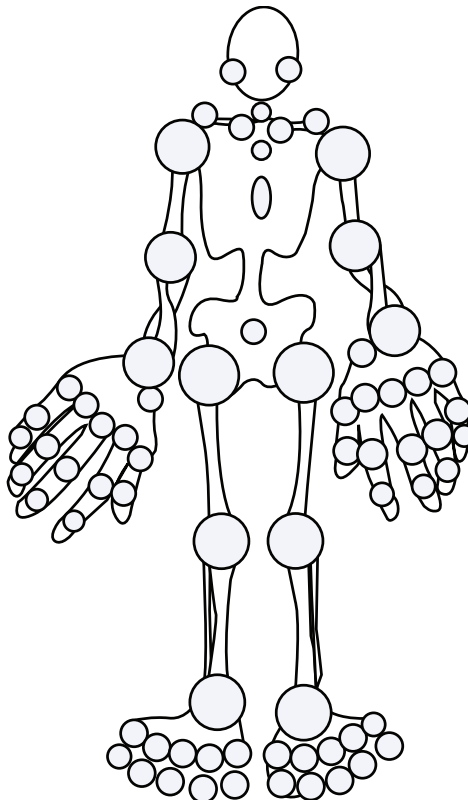
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😊										😞

2. Pain location over the past week:

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Week 25

Date:

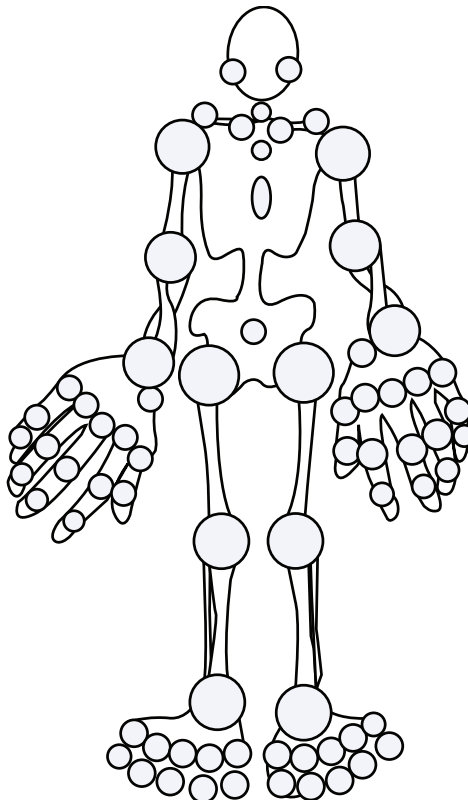
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



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Week 26

Date:

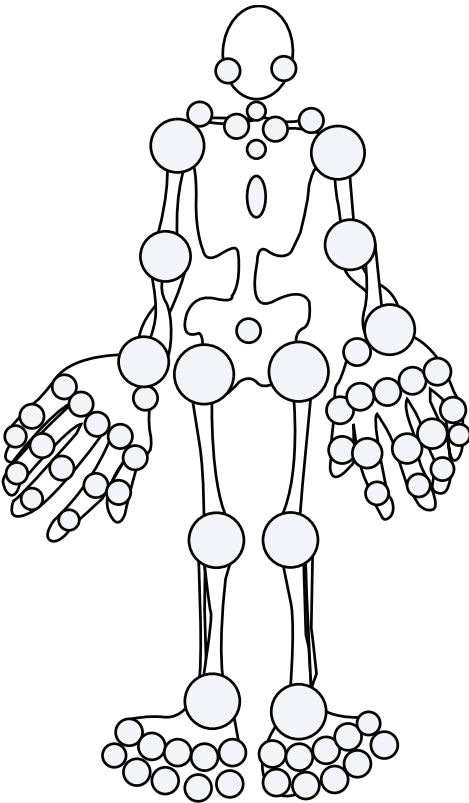
1. Overall pain due to RA experienced over the last week

(0 is no pain and 10 worst pain ever):

0	1	2	3	4	5	6	7	8	9	10
😊										😞

2. Pain location over the past week:

Circle the area affected and speak to your physician.



[illegible]

www.myORP.ca.



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