BEHÇET'S DISEASE CURRENT ACTIVITY FORM 2006

Date: __________________________ Name: __________________________ Sex: __________________________
Centre: __________________________ Telephone __________________________ Date of birth: __________________________
Country: __________________________ Clinician: __________________________ Address: __________________________

All scoring depends on the symptoms present over the 4 weeks prior to assessment.
Only clinical features that the clinician feels are due to Behçet's Disease should be scored.

PATIENT’S PERCEPTION OF DISEASE ACTIVITY
(Ask the patient the following question:)
“Thinking about your Behçet's disease only, which of these faces expresses how you have been feeling over the last four weeks? ” (Tick one face)

HEADACHE, MOUTH ULCERS, GENITAL ULCERS, SKIN LESIONS, JOINT INVOLVEMENT AND GASTROINTESTINAL SYMPTOMS

Ask the patient the following questions and fill in the related boxes “Over the past 4 weeks have you had?”

(please tick one box per line)

not at all | Present for up to 4 weeks
---|---
Headache |
Mouth Ulceration |
Genital Ulceration |
Erythema |
Skin Pustules |
Joints - Arthralgia |
Joints - Arthritis |
Nausea/vomiting/abdominal pain |
Diarrhoea+altered/frank blood per rectum |

EYE INVOLVEMENT
(Ask questions below)

"Over the last 4 weeks have you had?"
(please circle)

Right Eye | Left Eye
---|---
a red eye | No | Yes |
a painful eye | No | Yes |
blurred or reduced vision | No | Yes |

If any of the above is present: “Is this new”?
(circle the correct answer)

No | Yes
NERVOUS SYSTEM INVOLVEMENT (include intracranial vascular disease)

New Symptoms in nervous system and major vessel involvement are defined as those not previously documented or reported by the patient
(Ask questions below)

Over the last 4 weeks have you had any of the following? please circle tick if new
blackouts No Yes
difficulty with speech No Yes
difficulty with hearing No Yes
blurring of/double vision No Yes
weakness/loss of feeling of face No Yes
weakness/loss of feeling of arm No Yes
weakness/loss of feeling of leg No Yes
memory loss No Yes
loss of balance No Yes

Is there any evidence of new active nervous system involvement? No Yes

MAJOR VESSEL INVOLVEMENT (exclude intracranial vascular disease)
(Ask question below)

"Over the last 4 weeks have you had any of the following?"
please circle tick if new
had chest pain No Yes
had breathlessness No Yes
coughed up blood No Yes
had pain/swelling/discolouration of the face No Yes
had pain/swelling/discolouration of the arm No Yes
had pain/swelling/discolouration of the leg No Yes

Is there evidence of new active major vessel inflammation? No Yes

CLINICIAN’S OVERALL PERCEPTION OF DISEASE ACTIVITY

Tick one face that expresses how you feel the patient’s disease has been over the last 4 weeks.

BEHÇET’S DISEASE ACTIVITY INDEX

Add up all the scores which are highlighted in blue (front page items, one tick = score of 1 on index, all other items score ‘yes’ = 1. You should now have a score out of 12 which is the patient’s Behçet’s Disease Activity Index Score.

Patients index score

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<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>12</th>
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</table>

Transformed index score

| 0 | 3 | 5 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 15 | 17 | 20 |

SCORE
Explanation to doctor completing the form;

1. Use your clinical judgment recording only those features you believe are due to Behcet's disease.

2. Please explain to the patient the meaning of the words used, if necessary.

3. If there is pain in a joint (whether or not there is swelling etc) score 'arthralgia'.

4. If there is swelling or inflammation of a joint score 'arthritis'. Thus you can score 'arthralgia' and 'arthritis'.

5. The form concerns the impairments relating to Disease Activity. It is produced by Rasch analysis and is psychometrically robust. It is not measuring the impact of the disease activity.