BEHÇET'S DISEASE CURRENT ACTIVITY FORM 2006

International Society for Behcet's Disease

Date: Name: Sex: M/F
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)

(please circle)

"Over the last 4 weeks have you had?"	Right Eye		Left Eye	
a red eye	No	Yes	No	Yes
a painful eye	No	Yes	No	Yes
blurred or reduced vision	No	Yes	No	Yes

If any of the above is present: "Is this new"? No Yes

(circle the correct answer)

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 <u>new</u> 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 <u>blue</u> (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.

SCORE

Patients index score	0	1	2	3	4	5	6	7	8	9	10	11	12
Transformed index score on interval scale	0	3	5	7	8	9	10	11	12	13	15	17	20

 06.03.06

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.