

BEHÇET'S DISEASE CURRENT ACTIVITY FORM 2006

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)

		<i>(please circle)</i>			
		Right Eye		Left Eye	
"Over the last 4 weeks have you had?"	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?	<i>please circle</i>	tick if <u>new</u>
blackouts	No Yes	<input type="checkbox"/>
difficulty with speech	No Yes	<input type="checkbox"/>
difficulty with hearing	No Yes	<input type="checkbox"/>
blurring of/double vision	No Yes	<input type="checkbox"/>
weakness/loss of feeling of face	No Yes	<input type="checkbox"/>
weakness/loss of feeling of arm	No Yes	<input type="checkbox"/>
weakness/loss of feeling of leg	No Yes	<input type="checkbox"/>
memory loss	No Yes	<input type="checkbox"/>
loss of balance	No Yes	<input type="checkbox"/>
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?"	<i>please circle</i>	tick if <u>new</u>
had chest pain	No Yes	<input type="checkbox"/>
had breathlessness	No Yes	<input type="checkbox"/>
coughed up blood	No Yes	<input type="checkbox"/>
had pain/swelling/dicolouration of the face	No Yes	<input type="checkbox"/>
had pain/swelling/dicolouration of the arm	No Yes	<input type="checkbox"/>
had pain/swelling/dicolouration of the leg	No Yes	<input type="checkbox"/>
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.

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

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.