

(a) The Behçet's Disease Current Activity Form.



BEHÇET'S DISEASE CURRENT ACTIVITY FORM

Date of assessment:
Centre:
Clinician:

Name:
Sex: M/F
Address:

Tel:
DOB:

Self rating scale of wellbeing over last 28 days
(Patient to tick face chosen)
Self rating scale of wellbeing today
(Patient to tick face chosen)



CLINICAL FEATURES		ACTIVITY	(Other clinical details)
Fatigue		0 1 2 3 4	
Headache		0 1 2 3 4	
Oral ulceration		0 1 2 3 4	
Genital ulceration		0 1 2 3 4	
Skin lesions	erythema nodosum or superficial thrombophlebitis	0 1 2 3 4	
	pustules	0 1 2 3 4	
Joints	arthralgia	0 1 2 3 4	
	arthritis	0 1 2 3 4	
Gastrointestinal	nausea or vomiting or abdominal pain	0 1 2 3 4	
	diarrhoea with altered/frank blood (per rectum)	0 1 2 3 4	
Eye	Is there eye activity? Behçet's Oculopathy Index	0 1 2 3	Yes / No (completed by Ophthalmologist)
CNS	Is there new nervous system activity? (If "yes", answer questions below)		Yes / No (ask question overleaf)
Q 1. Yes / No	Q 2. Yes / No	Q 3. Yes / No	Q 4. Yes / No Q 5. Yes / No
Major vessel	Is there new major vessel activity? (If "yes", answer questions below)		Yes / No (ask question overleaf)
Q 1. Yes / No	Q 2. Yes / No	Q 3. Yes / No	Q 4. Yes / No

Clinician's impression of activity over last 28 days:

Intention to initiate or change treatment? Yes / No
Current medication on arrival:
Change in medication:
.....
.....

(a)

Scoring system for Activity form

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

- To complete the self rating scale of overall wellbeing for the last 4 weeks, please ask the patient the following question:
"Here are some faces expressing various feelings, thinking about your Behçet's disease only, which of these faces describes how you have been feeling over the last 4 weeks?"
To complete the self rating scale of wellbeing today, please ask the patient the following question:
"Here are some faces expressing various feelings, thinking about your Behçet's disease only, which of these faces describes how you feel today?"
- Scoring for fatigue, headache, oral and genital ulceration, skin lesions, joint symptoms, and gastrointestinal symptoms is based on duration of symptoms (round up to nearest week). Please ask the following question and fill in the blank with the organ system to be assessed:
"Over the last 4 weeks, for how many weeks in total have you had" ?
0 no symptoms
1 symptoms for 1 week (1 - 7 days in total)
2 symptoms for 2 weeks (8 - 14 days in total)
3 symptoms for 3 weeks (15 - 21 days in total)
4 symptoms for 4 weeks (22 - 28 days in total)
- Eye involvement**
Eye activity may be present if the following symptoms are present: (1) red eye, (2) blurred vision, (3) painful eye.
Please ask the following question (Tick if symptom present):
"Over the last 4 weeks have you had a red eye, a painful eye, or blurred or reduced vision?"
If any of these symptoms are present, or if you feel there may be eye activity refer patient to ophthalmologist who will determine the eye score (Behçet's Oculopathy Index)
- Nervous system**
Please ask the following question (Tick if symptom present):
"Over the last 4 weeks have you had any blackouts, difficulty with speech or hearing, double vision, weakness or loss of feeling in the face, arm or leg, memory loss, or loss of balance?"
If the answer to all of these is "no" then answers to Q 1-5 are deemed negative; otherwise determine the following:
Q 1. Are there new symptoms or signs consistent with meningeal involvement?
Q 2. Are there new symptoms or signs consistent with isolated cranial nerve involvement?
Q 3. Are there new symptoms or signs consistent with brainstem or cerebellar involvement?
Q 4. Are there new symptoms or signs consistent with cerebral hemisphere involvement?
Q 5. Are there new symptoms or signs consistent with spinal cord involvement?
- Major vessel involvement (exclude neurological involvement)**
Please ask the following question (Tick if symptom present):
"Over the last 4 weeks have you had chest pain, breathlessness, coughed up blood, or had any pain, swelling or discoloration of either the face, arm, or leg?"
If the answer to all of these is "no" then answers to Q 1-4 are deemed negative; otherwise determine the following:
Q 1 Are there new symptoms or signs consistent with peripheral deep venous thrombosis?
Q 2 Are there new symptoms or signs consistent with central deep venous thrombosis?
Q 3 Are there new symptoms or signs consistent with peripheral arterial thrombosis/aneurysm?
Q 4 Are there new symptoms or signs consistent with pulmonary arterial thrombosis/aneurysm?

(b)

B. B. Bhakta et al. Rheumatology 1999;38:728-733