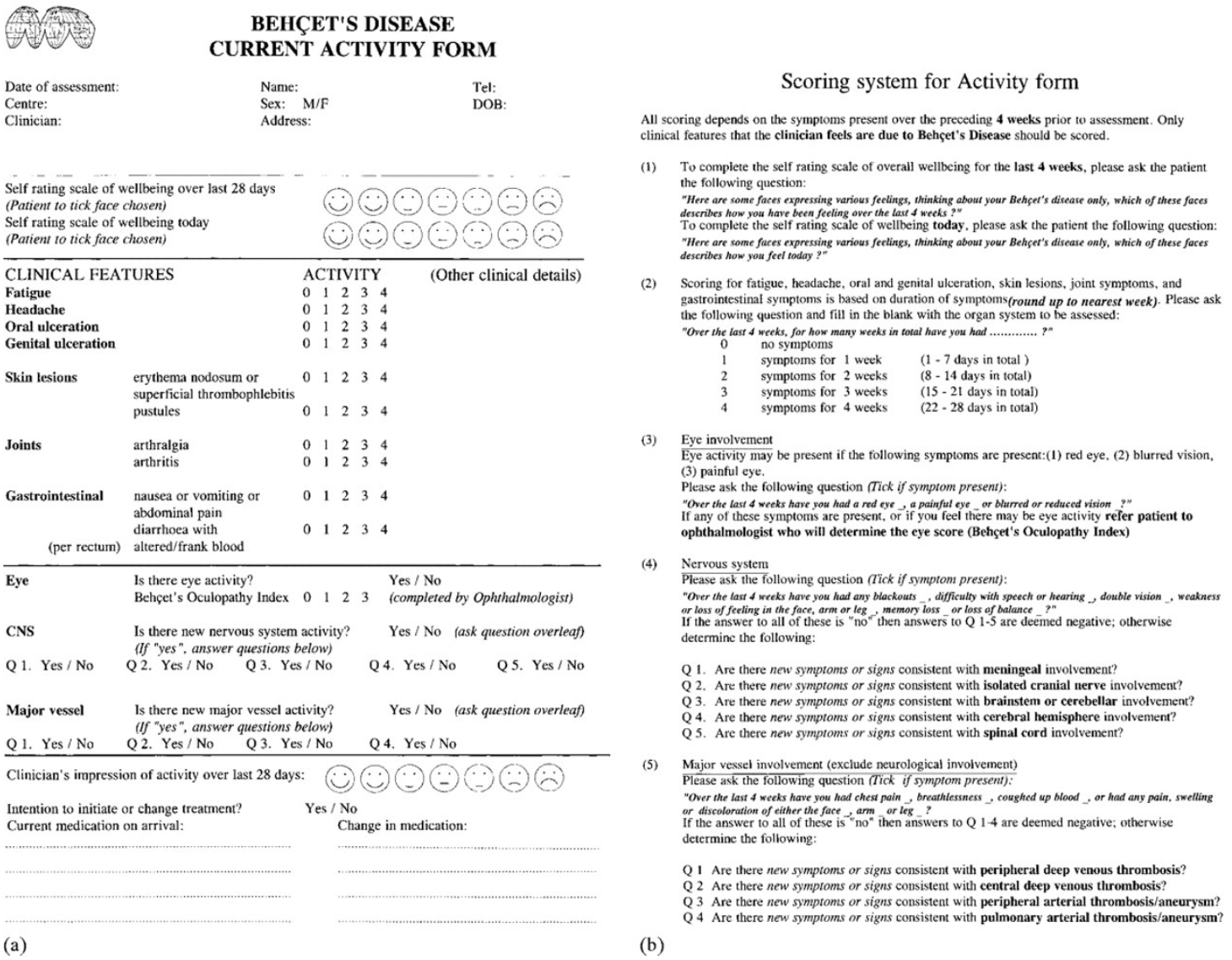
# (a) The Behçet's Disease Current Activity Form.



## BEHÇET'S DISEASE CURRENT ACTIVITY FORM

Date of assessment: Name: Tel:
Centre: Sex: M/F DOB:
Clinician: Address:

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 | |
| (per rectum) | diarrhoea with altered/frank blood | 0 1 2 3 4 | |

**Eye** Is there eye activity? Yes / No
Behçet's Oculopathy Index 0 1 2 3 *(completed by Ophthalmologist)*

**CNS** Is there new nervous system activity? Yes / No *(ask question overleaf)*
*(If "yes", answer questions below)*
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? Yes / No *(ask question overleaf)*
*(If "yes", answer questions below)*
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.

(1) 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 ?"***

(2) 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) |

(3) 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)**

(4) 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?

(5) 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**

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