

ID

Age

Sex

Date

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.

**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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mouth Ulceration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Genital Ulceration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Erythema	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skin Pustules	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Joints - Arthralgia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Joints - Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nausea/vomiting/abdominal pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diarrhoea+altered/frank blood per rectum	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**EYE INVOLVEMENT**

(Ask questions below)

(please circle)

		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?"

(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	<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 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	<input type="checkbox"/>
had breathlessness	No	Yes	<input type="checkbox"/>
coughed up blood	No	Yes	<input type="checkbox"/>
had pain/swelling/discolouration of the face	No	Yes	<input type="checkbox"/>
had pain/swelling/discolouration of the arm	No	Yes	<input type="checkbox"/>
had pain/swelling/discolouration of the leg	No	Yes	<input type="checkbox"/>

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

## Behçet's Disease Quality of Life Measure

# BD-QoL

Date:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

On the following pages you will find some statements which have been made by people who have Behçet's Disease

**Instructions:** This questionnaire consists of 30 statements. Please read each statement carefully, and then choose True if the statement applies to you and choose Not True if it does not apply to you at the moment. Circle the appropriate number.

<p>1. My life revolves around hospital visits 1 True 0 Not True</p>	<p>8. It is difficult to get out of bed 1 True 0 Not True</p>
<p>2. Nothing interests me 1 True 0 Not True</p>	<p>9. I feel terrible about the way I look 1 True 0 Not True</p>
<p>3. It's too much effort to go out and see people 1 True 0 Not True</p>	<p>10. Talking is stressful 1 True 0 Not True</p>
<p>4. Walking is painful 1 True 0 Not True</p>	<p>11. I feel dependent on others 1 True 0 Not True</p>
<p>5. It takes me longer to do things 1 True 0 Not True</p>	<p>12. I feel older than my years 1 True 0 Not True</p>
<p>6. I cannot stand for long 1 True 0 Not True</p>	<p>13. It limits the places I can go 1 True 0 Not True</p>
<p>7. My condition interferes with my life 1 True 0 Not True</p>	<p>14. I find it difficult to take care of the people I am close to 1 True 0 Not True</p>

## Behçet's Disease Quality of Life Measure (Continued)

<p>15. I cannot rely on how I will be tomorrow</p> <p>1 True</p> <p>0 Not True</p>	<p>23. I feel useless</p> <p>1 True</p> <p>0 Not True</p>
<p>16. My condition is drastically affecting my life</p> <p>1 True</p> <p>0 Not True</p>	<p>24. I worry that I hold others back</p> <p>1 True</p> <p>0 Not True</p>
<p>17. I often get frustrated</p> <p>1 True</p> <p>0 Not True</p>	<p>25. People close to me have lost out because of my condition</p> <p>1 True</p> <p>0 Not True</p>
<p>18. I feel like a prisoner in my own home</p> <p>1 True</p> <p>0 Not True</p>	<p>26. I feel unable to cope with my condition</p> <p>1 True</p> <p>0 Not True</p>
<p>19. My condition affects important decisions in my life</p> <p>1 True</p> <p>0 Not True</p>	<p>27. I have lost contact with people</p> <p>1 True</p> <p>0 Not True</p>
<p>20. I don't like being touched</p> <p>1 True</p> <p>0 Not True</p>	<p>28. I worry about the effects on others</p> <p>1 True</p> <p>0 Not True</p>
<p>21. I cannot speak properly</p> <p>1 True</p> <p>0 Not True</p>	<p>29. Everything is getting to me today</p> <p>1 True</p> <p>0 Not True</p>
<p>22. It puts a strain on my personal relationships</p> <p>1 True</p> <p>0 Not True</p>	<p>30. I feel lonely</p> <p>1 True</p> <p>0 Not True</p>