

METEOR UPLOAD FORM SPA 0.1

Patient characteristics

Site:

Patient Code:

Sex:

Year of Birth:

Debut of symptoms:

Date of diagnosis:

Marital status:

Weight in kg:

Height in cm:

Smoking:

Type of spondyloarthritis:

Modified NY criteria positive:

Date of assessing modified NY criteria:

Ever ASAS-positive MRI of SIJ:

Date of assessing MRI of SIJ:

Presence of syndesmophytes:

HLA-B27 positive:

History of uveitis:

History of IBD:

History of psoriasis:

History of dactylitis:

History of enthesitis:

Visit date:



The Merit Foundation

Contact

Address: P.O.Box 9600, 2300 RC Leiden

Email: info@meteorfoundation.com

RSIN: 817460275

Disease activity

Tender joints

Which type of joint count did you measure?

No Tender joints:

| RIGHT | | | | | | LEFT | | | | |
|-------|----|-----|----|---|--------------------|------|----|-----|----|---|
| | | | | | Temporo-mandibular | | | | | |
| | | | | | spine | | | | | |
| | | | | | Sternoclavicular | | | | | |
| | | | | | Acromio-clavicular | | | | | |
| | | | | | Shoulder | | | | | |
| | | | | | Elbow | | | | | |
| | | | | | Wrist | | | | | |
| | | | | | MCP | | | | | |
| I | II | III | IV | V | | V | IV | III | II | I |
| | | | | | IP | | | | | |
| | | | | | PIP | | | | | |
| | | | | | DIP | | | | | |
| I | II | III | IV | V | | V | IV | III | II | I |
| | | | | | Hip | | | | | |
| | | | | | Knee | | | | | |
| | | | | | Ankle | | | | | |
| | | | | | Mid-tarsal | | | | | |
| | | | | | Subtalar | | | | | |
| | | | | | MTP | | | | | |
| I | II | III | IV | V | | V | IV | III | II | I |

Swollen joints

No swollen joints:

| RIGHT | | | | | | LEFT | | | | |
|-------|----|-----|----|---|--------------------|------|----|-----|----|---|
| | | | | | Sternoclavicular | | | | | |
| | | | | | Acromio-clavicular | | | | | |
| | | | | | Shoulder | | | | | |
| | | | | | Elbow | | | | | |
| | | | | | Wrist | | | | | |
| | | | | | MCP | | | | | |
| I | II | III | IV | V | | V | IV | III | II | I |
| | | | | | IP | | | | | |
| | | | | | PIP | | | | | |
| | | | | | DIP | | | | | |
| I | II | III | IV | V | | V | IV | III | II | I |
| | | | | | Knee | | | | | |
| | | | | | Ankle | | | | | |
| | | | | | MTP | | | | | |
| I | II | III | IV | V | | V | IV | III | II | I |

Patient global assessment of wellbeing (0-10)

Physician global assessment of wellbeing (0-10)

Swollen joint count:

ESR mm/h

CRP mg/l

Tender joint count:

ASDAS

0 = none, 10 = very severe

1. Total back pain (BASDAI question 2)
2. Duration of morning stiffness (BASDAI question 6)
3. Patient global assessment of disease activity
4. Peripheral pain/swelling (BASDAI question 3)
5. CRP in mg/l or ESR

The total ASDAS score will be automatically calculated in the research database. The total score can also be entered below for your own review, or if individual components of the disease activity scores are unknown.

ASDAS total:

Presence of uveitis

Presence of IBD

Presence of psoriasis

Presence of dactylitis

Presence of enthesitis

ASAS health index

1. Pain sometimes disrupts my normal activities
2. I find it hard to stand for long
3. I have problems running
4. I have problems using toilet facilities
5. I am often exhausted
6. I am less motivated to do anything that requires physical effort
7. I have lost interest in sex
8. I have difficulty operating the pedals in my car
9. I am finding it hard to make contact with people
10. I am not able to walk outdoors on flat ground
11. I find it hard to concentrate
12. I am restricted in traveling because of my mobility
13. I often get frustrated
14. I find it difficult to wash my hair
15. I have experienced financial changes because of my rheumatic disease
16. I sleep badly at night
17. I cannot overcome my difficulties

The total ASAS score will be automatically calculated in the research database. The total score can also be entered below for your own review, or if individual components of the disease activity scores are unknown.

ASAS health index total:

ASAS health index environmental factor item set

1. As a result of my rheumatic disease, my family/relatives take more responsibility for household tasks
2. I do not like the way my friends act around me
3. I cannot count on my relatives to help me with my problems
4. I modify my home and work environments
5. I have difficulties getting worsening of my disease acknowledged by a health care professional
6. Treatment of my rheumatic disease is taking up time
7. My friends expect too much of me
8. No one pays much attention to me at home
9. My friends understand me

BASDAI

0 = none, 10 = very severe

1. How would you describe the overall level of fatigue/tiredness you have experienced?
2. How would you describe the overall level of AS neck, back or hip pain you have had?
3. How would you describe the overall level of pain/swelling in joints other than neck, back or hips you had?
4. How would you describe the overall level of discomfort you have had from any area tender to touch or pressure?
5. How would you describe the overall level of morning stiffness you have had from the time you wake up?
6. How long does your morning stiffness last from the time you wake up? **0= 0 hours, 10=2 hours**

The total BASDAI score will be automatically calculated in the research database. The total score can also be entered below for your own review, or if individual components of the disease activity scores are unknown.

BASDAI total:

BASFI

0 = easy, 10 = impossible

1. Putting on your socks or tights without help or aids (e.g. sock aid)
2. Bending forward from the waist to pick up a pen from the floor without an aid
3. Reaching up to a high shelf without help or aids (e.g. helping hand).
4. Getting up out of an armless dining room chair without using your hands or any other help
5. Getting up off the floor without help from lying in your back
6. Standing unsupported for 10 minutes without discomfort
7. Climbing 12-15 steps without using a handrail or walking aid. One foot on each step
8. Looking over your shoulder without turning your body
9. Doing physically demanding activities (e.g. physiotherapy exercise, gardening or sports)
10. Doing a full day's activities whether it be at home or at work

The total BASFI score will be automatically calculated in the research database. The total score can also be entered below for your own review, or if individual components of the disease activity scores are unknown.

BASFI total:

EQ5D

Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

Self-Care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

Usual Activities

No problems with performing usual activities

Some problems with performing usual activities

Unable to perform my usual activities

Pain / Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Anxiety / Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

MEDICATION

NO MEDICATION:

csDMARDS

| | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|------------|--------------|-------------|------------|-----------|-------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

BIOLOGICALS

| | Drugtype | Productname | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|-------------|------------|--------------|-------------|------------|-----------|-------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |

JAK-inhibitors

| | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|------------|--------------|-------------|------------|-----------|-------------|
| 1. | | | | | | | |
| 2. | | | | | | | |

GLUCOCORTICOIDS

| | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
|----|----------|------------|--------------|-------------|------------|-----------|-------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

| NSAIDs | | | | | | | |
|--------|----------|------------|--------------|-------------|------------|-----------|-------------|
| | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

| Non-NSAID analgesics | | | | | | | |
|----------------------|----------|------------|--------------|-------------|------------|-----------|-------------|
| | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

| OTHER | | | | | | | |
|-------|----------|------------|--------------|-------------|------------|-----------|-------------|
| | Drugtype | dose in mg | administered | times every | start date | stop date | stop reason |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

COMORBIDITIES

Please indicate below which comorbidities the patient has, by ticking all boxes that apply to the patient

Cardiovascular disease

malignancies

Infections

Gastrointestinal disease

Osteoporosis

Depression

Chronic pulmonary disease

Disease specific extra-articular manifestations

If other comorbidities apply which do not fit in the mentioned categories, please indicate in the textbox below

Free text

(information in this field is not uploaded)