Sponsor
UZ Gent
C. Heymanslaan 10
9000 Gent

SPARTACUS

Visit 9 – Week 28
Worksheet

Studienummer:

Datum: __ /__ / ___

PHYSICAL EXAMINATION

Was the physical examination performed? ☐ No ☐ Yes, ___ / ___ /_____

Any abnormalities? ☐ No ☐ Yes, ……

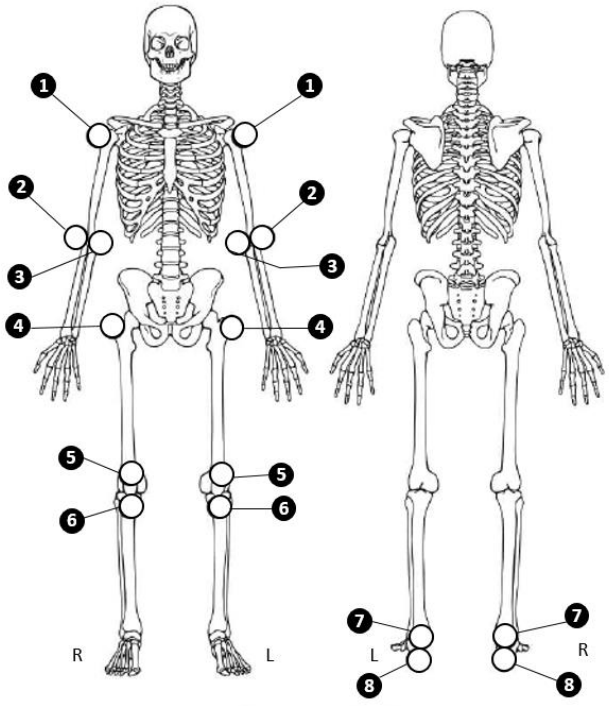
DACTYLITIS Was dactylitis present? ☐ No ☐ Yes (if yes, indicate in the table below)

Were any joints excluded from the examination? ☐ No ☐ Yes (if yes, indicate in the table below)

(Code: 0 = Absent, 1 = Present)

Joint	Right	Left
Finger 1 (thumb)	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Finger 2	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Finger 3	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Finger 4	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Finger 5	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Toe 1 (big toe)	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Toe 2	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Toe 3	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Toe 4	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA
Toe 5	☐ 0 ☐ 1 ☐ NA	☐ 0 ☐ 1 ☐ NA

ENTHESITIS : Enthesitis present during the visit? ☐ No ☐ Yes (if yes, indicate on the figure below)



1	Supraspinatus insertion
2	Lateral epicondyle humerus
3	Medial epicondyle humerus
4	Greater trochanter
5	Quadriceps insertion into superior border of patella
6	Patellar tendon insertion inferior pole of patella OR tibial tubercle*
7	Achilles tendon
8	Insertion plantar fascia

* For scoring purposes, the inferior patella and tibial tuberosity are considered 1 site because of their anatomical proximity.

Total MASES score: ___ / 16

JOINT COUNT : Tender joints present during the visit? ☐ No ☐ Yes (if yes, indicate in the table below)

Swollen joints present during the visit? ☐ No ☐ Yes (if yes, indicate in the table below)

Were any joints excluded from the examination? ☐ No ☐ Yes (if yes, indicate in the table below)

Worksheet (tender & swollen joint count) : 1 = present, 0 = absent, ND/NA

	Right						Left					
Joint	**Pain/tenderness**			**Swelling**			**Pain/tenderness**			**Swelling**		
Temporomandibular	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Sternoclavicular	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Acromio-clavicular	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Shoulder	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Elbow	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Wrist	0	1	NA	0	1	NA	0	1	NA	0	1	NA
CMC1	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metacarpophalangeal 1	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metacarpophalangeal 2	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metacarpophalangeal 3	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metacarpophalangeal 4	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metacarpophalangeal 5	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Thumb Interphalangeal	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Prox. Interphalangeal 2	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Prox. Interphalangeal 3	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Prox. Interphalangeal 4	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Prox. Interphalangeal 5	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Dist. Interphalangeal 2	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Dist. Interphalangeal 3	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Dist. Interphalangeal 4	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Dist. Interphalangeal 5	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Hip	0	1	NA				0	1	NA			
Knee	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Ankle	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Tarsus	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metatarsophalangeal 1	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metatarsophalangeal 2	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metatarsophalangeal 3	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metatarsophalangeal 4	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Metatarsophalangeal 5	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Great Toe / Hallux	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Interphalangeal 2	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Interphalangeal 3	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Interphalangeal 4	0	1	NA	0	1	NA	0	1	NA	0	1	NA
Interphalangeal 5	0	1	NA	0	1	NA	0	1	NA	0	1	NA
DIP2	0	1	NA	0	1	NA	0	1	NA	0	1	NA
DIP3	0	1	NA	0	1	NA	0	1	NA	0	1	NA
DIP4	0	1	NA	0	1	NA	0	1	NA	0	1	NA
DIP5	0	1	NA	0	1	NA	0	1	NA	0	1	NA

SAFETY LAB TEST

☐ No ☐ Yes, ___ / ___ /_____

Were all results within the reference ranges? ☐ Yes ☐ No

ESR – CRP

Blood test	Test performed	date	value	Unit
ESR	☐ Yes ☐ No	___ / ___ / _____		
CRP	☐ Yes ☐ No	___ / ___ / _____		

TREATMENT ALLOCATION FOR NEXT TREATMENT PERIOD

Treatment until NEXT visit:

- ☐ Open label GLM
- ☐ Blinded continuation
- ☐ Phase B (drug free)
- ☐ Discontinuation
- ☐ Early termination / Lost for FU

Check and complete the medication diary

Planned date for NEXT visit : ___ / ___ / _____

AE :

changes: □ No □ Yes (if yes, register the AE in RedCap)

CONC. MEDICATIONS:

changes : □ No □ Yes (If yes, update the concomitant medication in RedCap)