ICF

Date of the ICF was signed: __ / __ / _____

Which version of the ICF was signed? _____

INCLUSION / EXCLUSION CRITERIA ☐ Yes ☐ No

DOCUMENT VISIT 1A – INTAKE COMPLETED ☐ Yes ☐ No

ANAMNESIS

DEMOGRAPHICS

Date of Birth : __ / __ / ____

Sex : ☐ Female

☐ Male

☐ Unknown

☐ Intersex

Female of childbearing potential? ☐ Yes ☐ No

Start date of SpA symptoms : __ / __ / ____

How long have SpA symptoms been ongoing? ☐ ≤ 3 months

☐ > 3 months

USUS

Smoking : ☐ Never

☐ History but cessation of more than 3 years

☐ History but cessation of less or equal than 3 years

☐ Current smoker → number of pack years: ____
(1 pack = 20 cigarettes; 10 cigarettes during 20 years = 10 pack years)

Alcohol: ☐ Never

☐ History but cessation

☐ Current and < 3 units/day

☐ Current and ≥ 3 units/day

FAMILY HISTORY

Condition	**Family history**	**Relationship**
Psoriasis	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK
Uveitis	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK
Crohn	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK
Collitis ulcerosa	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK
Spondylitis Ankylosans	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK
Psoriasis artritis	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK
Reactive artritis	☐ Yes ☐ No	☐ 1ste degree ☐ 2nd degree ☐ UNK

PRIOR SPA THERAPY:

Did the patient receive any therapy for SpA PRIOR to the study? ☐ Yes ☐ No

If Yes: ☐ DMARD's Specify: ……
Start date: …… Stop date: ……

☐ NSAID's Specify: ……
Start date: …… Stop date: ……

☐ Glucocorticoids Specify: ……
Start date: …… Stop date: ……

☐ Other: ……
Start date: …… Stop date: ……

MEDICAL HISTORY

……

……

……

CONCOMITANT MEDICATION Are any medication taken?

……

……

……

LATENT TB SCREENING

RX thorax:

Was RX performed ? ☐ No ☐ Yes, ___ / ___ /_____

Result: ☐ Normal
☐ Abnormal
☐ unknown

TB test: (Mantoux PPD or Quantiferon)

Was a TB test performed? ☐ No ☐ Yes, ___ / ___ /_____

Result: ☐ Negative
☐ Positive
☐ unknown

TB questionnaire:

Was the TB questionnaire completed? ☐ Yes ☐ No

Have you or an immediate family member or other close contact ever been diagnosed or treated for tuberculosis?	☐ Yes ☐ No
Have you lived in or had prolonged travels to countries in the following regions?	☐ Yes ☐ No If yes : ☐ Africa ☐ Eastern Europe ☐ Assia ☐ Russia ☐ Latin America ☐ Caribbean Islands
Have you lived or worked in a prison, refugee camp, homeless shelter, immigration center, or nursing home?	☐ Yes ☐ No
Have you, or an immediate family member, had any of the following problems for the past 3 weeks or longer?	☐ Yes ☐ No If yes : ☐ Chronic Cough ☐ Production of Sputum ☐ Blood-Streaked Sputum ☐ Unexpected Weight Loss ☐ Fever ☐ Fatique/Tiredness ☐ Night Sweats ☐ Shortness of Breath

PHYSICAL EXAMINATION

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

Any abnormalities? ☐ No ☐ Yes, ……..

VITAL SIGNS

Blood pressure : ____ / ____ mmHg

Heart rate : _____ bpm

Weight: _____ kg

Length: _____ cm

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

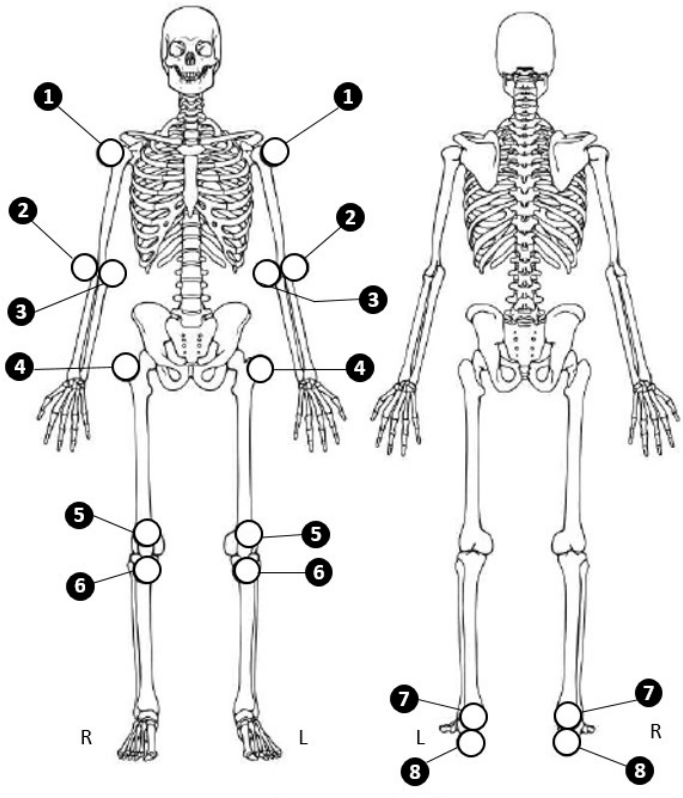
DACTYLITIS : Was dactylitis present? ☐ No ☐ Yes (if yes, indicate in the table below)

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)



❶	Supraspinatus insertion
❷	Lateral epicondyle humerus
❸	Medial epicondyle humerus
❹	Greater trochanter
❺	Quadriceps insertion into superior border of patella
❻	Patellar tendon insertion inferior pole of patella OR tibial tubercle*
❼	Achilles tendon
❽	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

PHYSICIAN GLOBAL ASSESSMENT OF DISEASE ACTIVITY

On average, how would you rate the subject's overall disease activity during the past week ?

(Tick one box)

0	1	2	3	4	5	6	7	8	9	10

Not active Severe

LAB TESTS

☐ No ☐ Yes, ___ / ___ /_____

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	___ / ___ / _____		

SERUM PREGNANCY TEST (if applicable) ☐ Yes ☐ No