Sponsor
UZ Gent
C. Heymanslaan 10
9000 Gent

SPARTACUS

Visit 2 : W0
Worksheet

Studienummer:

Datum: __ /__ / ___

INCLUSION / EXCLUSION CRITERIA ☐ Yes ☐ No

PHYSICAL EXAMINATION

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

Any abnormalities? ☐ No ☐ Yes, ……

BASMI + CHEST EXPANSION

	Left	**right**
Tragus to wall distance	…… cm	…… cm
Lumbar flexion, modified Schöber	…… cm (10 cm)	
Cervical rotation	…… °	…… °
Lateral flexion	…… cm	…… cm
Intermalleolar distance	…… cm	
Chest expansion	…… cm	

PSORIATIC SKIN EVALUATION

Investigator Global Assessment score :

Score	Description
☐ Clear	- No signs of psoriasis (post-inflammatory hyperpigmentation may be present)
☐ Almost clear	- Normal to pink coloration of lesions - No thickening - No to minimal focal scaling
☐ Mild disease	- Pink to light red coloration - Just detectable to mild thickening - Predominantly fine scaling
☐ Moderate disease	- Dull bright red, clearly distinguishable erythema - Clearly distinguishable to moderate thickening - Moderate scaling
☐ Severe disease	- Bright to deep dark red coloration - Severe thickening with hard edges - Severe / coarse scaling covering almost all or all lesions

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

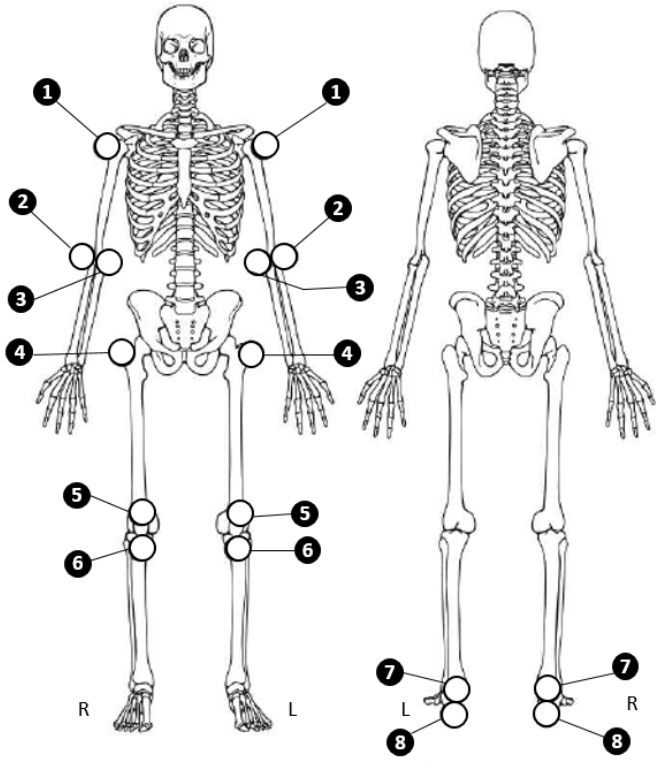
DACTYLITIS : Was dactylitis present? ☐ No ☐ Yes (if yes, indicate in the table below)

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

POST BIOPSY QUESTIONNAIRE

Returned by the patient ☐ No ☐ Yes

RESEARCH SAMPLES (IF NOT PEROFORMED AT VISITS V1B)
Collection of samples must be performed before administration of the study drug!

4 x 8ml blood-CPT collected**:** ☐ Yes ☐ No

2 x 5ml Serum tubes collected: ☐ Yes ☐ No (only at Biopsy Centre)

TREATMENT ALLOCATION FOR NEXT TREATMENT PERIOD

Completed heading medication diary and provided page to the patient ☐ No ☐ Yes

AE :

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

CONC. MEDICATIONS:

changes : □ No □ Yes (if yes, update concomitant medication in Redcap)