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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete at baselineand for each follow up point. | | | | | | | | | | | | STANDARDJOINT ASSESSMENT FORM | | | | | | | | | | | | BECS | | | | | | | | | | | |
| **BSPAR ECS Study ID:** | | | | | | | | | |  | | | | | | | | **Date of visit** (dd/mm/yyyy) | | | | | | | | | | |  | | | | | | |
| **Check box** 🗷 **if present.** Legend: **Swell**: swelling **Pain**: pain on motion and/or tenderness **LOM**: limitation of motion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RIGHT SIDE** | | **Swell** | | | **Pain** | | | | **LOM** | | | | **JOINT** | | | | | | | | | **Swell** | | | | **Pain** | | | | **LOM** | | | | **LEFT SIDE** | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Temporo-mandibular** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | |  | | | | **Sterno-clavicular** | | | | | | | | | 🞎 | | | | 🞎 | | | |  | | | |
| 🞎 | | | 🞎 | | | |  | | | | **Acromion-clavicular** | | | | | | | | | 🞎 | | | | 🞎 | | | |  | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Shoulder** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Elbow** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Wrist** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MCP I** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MCP II** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MCP III** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MCP IV** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MCP V** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **PIP I** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **PIP II** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **PIP III** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **PIP IV** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **PIP V** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **DIP II** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **DIP III** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **DIP IV** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **DIP V** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
|  | | | 🞎 | | | | 🞎 | | | | **Hip** | | | | | | | | |  | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Knee** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Ankle** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Subtalar joints** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **Intertarsal joints** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MTP I** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MTP II** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MTP III** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MTP IV** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **MTP V** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **TOE I** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **TOE II** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **TOE III** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **TOE IV** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
| 🞎 | | | 🞎 | | | | 🞎 | | | | **TOE V** | | | | | | | | | 🞎 | | | | 🞎 | | | | 🞎 | | | |
|  | | |  | | | |  | | | |  | | | | | | | | |  | | | |  | | | |  | | | |
|  | | | 🞎 | | | | 🞎 | | | | **Cervical spine** | | | | | | | | |  | | | |  | | | |  | | | |
|  | | | 🞎 | | | | 🞎 | | | | **Thoracic spine** | | | | | | | | |  | | | |  | | | |  | | | |
|  | | | 🞎 | | | | 🞎 | | | | **Lumbar spine** | | | | | | | | |  | | | |  | | | |  | | | |
|  | | | 🞎 | | | |  | | | | **Sacroiliac joints** | | | | | | | | |  | | | | 🞎 | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICIAN’S GLOBAL ASSESSMENT OF OVERALL DISEASE ACTIVITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Considering the whole signs and symptoms of the disease AT THE TIME OF THE PRESENT VISIT, please rate the overall level of disease activity by filling a circle** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO ACTIVITY** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MAXIMUM ACTIVITY** |
| **○** | | **○** | **○** | | **○** | **○** | **○** | | | **○** | | | **○** | **○** | **○** | **○** | | **○** | **○** | **○** | | **○** | | **○** | | **○** | **○** | | | **○** | **○** | **○** | |
| 0 | | 0.5 | 1 | | 1.5 | 2 | 2.5 | | | 3 | | | 3.5 | 4 | 4.5 | 5 | | 5.5 | 6 | 6.5 | | 7 | | 7.5 | | 8 | 8.5 | | | 9 | 9.5 | 10 | |