

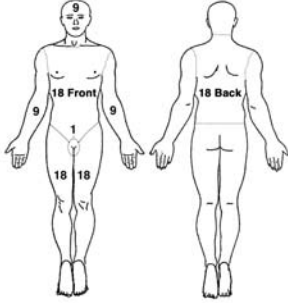

FORM A

Current Patient Weight: _____

Today's Date: _____

MR#/Name: _____

CHRONIC GVHD ACTIVITY ASSESSMENT- CLINICIAN

Component	Findings		Scoring (see skin score worksheet)						
Skin 	Erythematous rash of any sort		% BSA (max 100%)						
	Moveable sclerosis		% BSA (max 100%)						
	Non-moveable sclerosis (hidebound/non-pinchable) or subcutaneous sclerosis/fasciitis		% BSA (max 100%)						
	Ulcer(s): select the largest ulcerative lesion, and measure its largest dimension in cm and mark location of ulcer		Location: _____ Largest dimension: _____ cm						
Eyes Bilateral Schirmer's Tear Test (without anesthesia) in persons 9 years or older	Right Eye:	mm of wetting	Left Eye:	mm of wetting					
Mouth 	Mucosal change	No evidence of cGVHD	Mild	Moderate	Severe				
	Erythema	None	0	Mild erythema or moderate erythema (<25%)	1	Moderate (≥25%) or Severe erythema (<25%)	2	Severe erythema (≥25%)	3
	Lichenoid	None	0	Hyperkeratotic changes (<25%)	1	Hyperkeratotic changes (25-50%)	2	Hyperkeratotic changes (>50%)	3
	Ulcers	None	0	None	0	Ulcers involving (≤20%)	3	Severe ulcerations (>20%)	6
	Mucoceles*	None	0	1-5 mucoceles	1	6-10 scattered mucoceles	2	Over 10 mucoceles	3
				*Mucoceles scored for lower labial and soft palate only				Total score for all mucosal changes	
Blood Counts	Platelet Count	ULN	Total WBC	ULN	% Eosinophils				
	K/uL	K/uL	K/uL	K/uL	%				
Liver Function Tests	Total serum bilirubin	ULN	ALT	ULN	Alkaline Phosphatase	ULN			
	mg/dL	mg/dL	U/L	U/L	U/L	U/L			

Gastrointestinal-Upper GI <ul style="list-style-type: none"> • Early satiety OR • Anorexia OR • Nausea & Vomiting 	<i>0= no symptoms</i> <i>1=mild, occasional symptoms, with little reduction in oral intake <u>during the past week</u></i> <i>2=moderate, intermittent symptoms, with some reduction in oral intake <u>during the past week</u></i> <i>3=more severe or persistent symptoms throughout the day, with marked reduction in oral intake, <u>on almost every day of the past week</u></i>																								
Gastrointestinal-Esophageal <ul style="list-style-type: none"> • Dysphagia OR • Odynophagia 	<i>0= no esophageal symptoms</i> <i>1=Occasional dysphagia or odynophagia with solid food or pills <u>during the past week</u></i> <i>2=Intermittent dysphagia or odynophagia with solid foods or pills, but not for liquids or soft foods, <u>during the past week</u></i> <i>3=Dysphagia or odynophagia for almost all oral intake, <u>on almost every day of the past week</u></i>																								
Gastrointestinal-Lower GI <ul style="list-style-type: none"> • Diarrhea 	<i>0= no loose or liquid stools <u>during the past week</u></i> <i>1= occasional loose or liquid stools, on some days <u>during the past week</u></i> <i>2=intermittent loose or liquid stools throughout the day, <u>on almost every day of the past week, without requiring</u> intervention to prevent or correct volume depletion</i> <i>3=voluminous diarrhea <u>on almost every day of the past week, requiring</u> intervention to prevent or correct volume depletion</i>																								
Lungs <ul style="list-style-type: none"> • Bronchiolitis Obliterans 	Pulmonary Function Tests with Diffusing Capacity (attach report for person > 5 yrs old)	FEV-1 % Predicted	Single Breath DLCO (adjusted for hemoglobin) % Predicted																						
Health Care Provider Global Ratings: In your opinion, do you think that this patient's chronic GVHD is mild, moderate or severe? 0=none 1= mild 2=moderate 3=severe	Where would you rate the severity of this patient's chronic GVHD symptoms on the following scale, where 0 is cGVHD symptoms that are not at all severe and 10 is the most severe cGVHD symptoms possible: <table border="0" style="width:100%; text-align:center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td colspan="5">cGVHD symptoms not at all severe</td> <td colspan="6">Most severe cGVHD symptoms possible</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9	10	cGVHD symptoms not at all severe					Most severe cGVHD symptoms possible						Over the past <u>month</u> would you say that this patient's cGVHD is +3= Very much better +2= Moderately better +1= A little better 0= About the same -1=A little worse -2=Moderately worse -3=Very much worse
0	1	2	3	4	5	6	7	8	9	10															
cGVHD symptoms not at all severe					Most severe cGVHD symptoms possible																				
Functional Performance (in persons >4 years old) <ul style="list-style-type: none"> • Walk Time • Grip Strength 	Total Distance Walked in 2 Minutes: Number of laps: _____ (x 50 feet) + final partial lap: _____ feet = _____ feet walked in 2 minutes	Grip Strength (Dominant Hand) <table border="1" style="width:100%; text-align:center;"> <tr> <td>Trial #1</td> <td>Trial #2</td> <td>Trial #3</td> </tr> <tr> <td>psi</td> <td>psi</td> <td>psi</td> </tr> </table>	Trial #1	Trial #2	Trial #3	psi	psi	psi	Range of Motion: <ul style="list-style-type: none"> ○ Not performed ○ Physical Therapy Report Attached 																
Trial #1	Trial #2	Trial #3																							
psi	psi	psi																							
Score	Lansky Performance Status Scale Definitions (circle from 0-100) (persons < 16 years old)		Karnofsky Performance Status Scale Definitions (circle from 0-100) (persons 16 years or older)																						
100	Fully active, normal		Normal no complaints; no evidence of disease																						
90	Minor restrictions in physically strenuous activity		Able to carry on normal activity; minor signs or symptoms of disease																						
80	Active, but tires more quickly		Normal activity with effort; some signs or symptoms of disease																						
70	Both greater restriction of and less time spent in play activity		Cares for self; unable to carry on normal activity or to do active work																						
60	Up and around, but minimal active play; keeps busy with quieter activities		Requires occasional assistance but is able to care for most personal needs																						
50	Gets dressed but lies around much of the day, no active play but able to participate in all quiet play and activities		Requires considerable assistance and frequent medical care																						
40	Mostly in bed; participates in quiet activities		Disabled; requires special care and assistance																						
30	In bed; needs assistance even for quiet play		Severely disabled; hospital admission is indicated although death not imminent																						
20	Often sleeping; play entirely limited to very passive activities		Very sick; hospital admission necessary; active supportive treatment necessary																						
10	No play; does not get out of bed		Moribund; fatal processes progressing rapidly																						
0	Unresponsive		Dead																						