

Patient: _____ / UW# _____ Date Evaluation: _____

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
PERFORMANCE SCORE: <input type="text"/>	<input type="checkbox"/> Asymptomatic and fully active (ECOG 0; KPS or LPS 100%)	<input type="checkbox"/> Symptomatic, fully ambulatory, restricted only in physically strenuous activity (ECOG 1, KPS or LPS 80-90%)	<input type="checkbox"/> Symptomatic, ambulatory, capable of self-care, >50% of waking hours out of bed (ECOG 2, KPS or LPS 60-70%)	<input type="checkbox"/> Symptomatic, limited self-care, >50% of waking hours in bed (ECOG 3-4, KPS or LPS <60%)
KPS ECOG LPS				

SKIN† <input type="text"/>	<input type="checkbox"/> No BSA involved	<input type="checkbox"/> 1-18% BSA	<input type="checkbox"/> 19-50% BSA	<input type="checkbox"/> >50% BSA
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SCORE % BSA
GVHD features to be scored by BSA:
Check all that apply:
 Maculopapular rash/erythema
 Lichen planus-like features
 Sclerotic features
 Papulosquamous lesions or ichthyosis
 Keratosis pilaris-like GVHD

SKIN FEATURES SCORE:	<input type="checkbox"/> No sclerotic features	<input type="checkbox"/> Superficial sclerotic features “not hidebound” (able to pinch)	Check all that apply: <input type="checkbox"/> Deep sclerotic features <input type="checkbox"/> “Hidebound” (unable to pinch) <input type="checkbox"/> Impaired mobility <input type="checkbox"/> Ulceration
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Other skin GVHD features (NOT scored by BSA)
Check all that apply:
 Hyperpigmentation
 Hypopigmentation
 Poikiloderma
 Severe or generalized pruritus
 Hair involvement
 Nail involvement
 Abnormality present but explained entirely by non-GVHD documented cause (specify): _____
 Abnormality thought to represent GVHD PLUS other causes (specify): _____

MOUTH <i>Lichen planus-like features present:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms with disease signs but not limiting oral intake significantly	<input type="checkbox"/> Moderate symptoms with disease signs with partial limitation of oral intake	<input type="checkbox"/> Severe symptoms with disease signs on examination with major limitation of oral intake
	<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____			
	<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____			

† Skin scoring should use both percentage of BSA involved by disease signs and the cutaneous features scales. When a discrepancy exists between the percentage of total body surface (BSA) score and the skin feature score, OR if superficial sclerotic features are present (Score 2), but there is impaired mobility or ulceration (Score 3), the higher level should be used for the final skin scoring.

TEAM				
NAME		[M]		
PT NO	PLACE EPIC LABEL HERE	[F]		
DOB				



Patient: _____

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
EYES	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild dry eye symptoms not affecting ADL (requirement of lubricant eye drops ≤ 3 x per day))	<input type="checkbox"/> Moderate dry eye symptoms partially affecting ADL (requiring lubricant eye drops > 3 x per day or punctal plugs), WITHOUT new vision impairment due to KCS	<input type="checkbox"/> Severe dry eye symptoms significantly affecting ADL (special eyewear to relieve pain) OR unable to work because of ocular symptoms OR loss of vision due to KCS
<i>Keratoconjunctivitis sicca (KCS) confirmed by ophthalmologist:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not examined			
	<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____			
	<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____			

GI Tract

Check all that apply:

<input type="checkbox"/> Esophageal web/proximal stricture or ring	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Symptoms without significant weight loss* (<5%)	<input type="checkbox"/> Symptoms associated with mild to moderate weight loss* (5-15%) OR moderate diarrhea without significant interference with daily living	<input type="checkbox"/> Symptoms associated with significant weight loss* >15%, requires nutritional supplement for most calorie needs OR esophageal dilation OR severe diarrhea with significant interference with daily living
<input type="checkbox"/> Dysphagia				
<input type="checkbox"/> Anorexia				
<input type="checkbox"/> Nausea				
<input type="checkbox"/> Vomiting				
<input type="checkbox"/> Diarrhea				
<input type="checkbox"/> Weight loss ≥5%*				
<input type="checkbox"/> Failure to thrive				
	<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____			
	<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____			

LIVER	<input type="checkbox"/> Normal total bilirubin and ALT or AP < 3 x ULN	<input type="checkbox"/> Normal total bilirubin with ALT ≥3 to 5 x ULN or AP ≥ 3 x ULN	<input type="checkbox"/> Elevated total bilirubin but ≤3 mg/dL or ALT > 5 ULN	<input type="checkbox"/> Elevated total bilirubin > 3 mg/dL
	<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____			
	<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____			

LUNGS**

Symptom score:	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild symptoms (shortness of breath after climbing one flight of steps)	<input type="checkbox"/> Moderate symptoms (shortness of breath after walking on flat ground)	<input type="checkbox"/> Severe symptoms (shortness of breath at rest; requiring O ₂)
Lung score:	<input type="checkbox"/> FEV1 ≥80%	<input type="checkbox"/> FEV1 60-79%	<input type="checkbox"/> FEV1 40-59%	<input type="checkbox"/> FEV1 ≤39%
% FEV1 <input type="text"/>				
<i>Pulmonary function tests</i>	<input type="checkbox"/> Not performed			
	<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____			
	<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____			

* Weight loss within 3 months. **Lung scoring should be performed using both the symptoms and FEV1 scores whenever possible. **FEV1 should be used in the final lung scoring where there is discrepancy between symptoms and FEV1 scores.

TEAM _____
 NAME _____ [M]
 PT NO _____ [F]
 DOB _____

PLACE EPIC LABEL HERE



Patient: _____

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
JOINTS AND FASCIA	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Mild tightness of arms or legs, normal or mild decreased range of motion (ROM) AND not affecting ADL	<input type="checkbox"/> Tightness of arms or legs OR joint contractures, erythema thought due to fasciitis, moderate decrease ROM AND mild to moderate limitation of ADL	<input type="checkbox"/> Contractures WITH significant decrease of ROM AND significant limitation of ADL (unable to tie shoes, button shirts, dress self etc.)
<u>P-ROM score</u> (see below)				
Shoulder (1-7) _____				
Elbow (1-7) _____				
Wrist/finger (1-7) _____				
Ankle (1-4) _____				
<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____				
<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____				

GENITAL TRACT (See Supplemental figure [‡])	<input type="checkbox"/> No signs	<input type="checkbox"/> Mild signs [‡] and females with or without discomfort on exam	<input type="checkbox"/> Moderate signs [‡] and may have symptoms with discomfort on exam	<input type="checkbox"/> Severe signs [‡] with or without symptoms
<input type="checkbox"/> Not examined				
Currently sexually active				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
<input type="checkbox"/> Abnormality present but explained entirely by non-GVHD documented cause (specify): _____				
<input type="checkbox"/> Abnormality thought to represent GVHD <u>PLUS</u> other causes (specify): _____				

Other indicators, clinical features or complications related to chronic GVHD (check all that apply and assign a score to severity (0-3) based on functional impact where applicable none – 0, mild -1, moderate -2, severe – 3)

<input type="checkbox"/> Ascites (serositis) _____	<input type="checkbox"/> Myasthenia Gravis _____	<input type="checkbox"/> Eosinophilia > 500/ μ l _____
<input type="checkbox"/> Pericardial Effusion _____	<input type="checkbox"/> Peripheral Neuropathy _____	<input type="checkbox"/> Platelets < 100,000/ μ l _____
<input type="checkbox"/> Pleural Effusion(s) _____	<input type="checkbox"/> Polymyositis _____	<input type="checkbox"/> Others (specify): _____
<input type="checkbox"/> Nephrotic syndrome _____	<input type="checkbox"/> Weight loss >5%* without GI symptoms	

Biopsy obtained: Yes No Organ biopsied: _____ GVHD confirmed by histology: Yes No

Overall GVHD Severity (Opinion of the evaluator) No GVHD Mild Moderate Severe

Change from prior evaluations: No prior or current GVHD Improved Stable Worse N/A (baseline)

Photographic Range of Motion (P-ROM):

	1 (Worst)	2	3	4	5	6	7 (Normal)
Shoulder							
Elbow							
Wrist/finger							
Ankle							

Completed by: _____ Date form completed: _____

TEAM _____

NAME _____ [M]

PT NO _____ [F]

DOB _____

PLACE EPIC LABEL HERE




SLTF003