## Composite Score to assess disease activity in patients with Familial Mediterranean Fever

Frequency of attacks	≤2/year		3-6/year		7-11/year	_ ≥12/year	
School/work days missed due to FMF	_ ≤ 5/year		☐ 6-10/year		☐ 11-20/year	☐ >20/year	
Increased acute-phase reactants during the attack-free period <sup>1</sup>	☐ CRP ≤2x UL ☐ SAA ≤14 mg/L		☐ CRP >2 and ≤4x UL ☐ SAA >14 and ≤50 mg/L		☐ CRP >4 and ≤8x UL ☐ SAA >50 and ≤100 mg/L	☐ CRP >8 x UL ☐ SAA >100 mg/L	
Chronic sequelae <sup>2</sup>					new or worsening sequelae		
Evaluation	☑ for all items		⊠ for ≥1 item		⊠ for ≥1 item	⊠ for ≥1 item	
	Remission or minimal disease activity		Mild disease activity		Moderate disease activity	Severe disease activity	
Global assessment: target reached?							
Physician <sup>3</sup>	yes	no	yes	no			
Patient <sup>4</sup>	yes	no	yes	no			
Consequences	Path 1	Path 1: observe closely			Paths 2-4		
	Consider paths 5/6 if applicable	Paths 2/3 migh	t be considered				

<sup>&</sup>lt;sup>1</sup> ≥2 weeks after the last attack, measured at least two times 1 month apart

Amyloidosis, growth retardation (<3rd percentile), symptomatic anaemia requiring therapy, thrombopenia due to splenomegaly, persisting arthritis lasting > 6 weeks

<sup>&</sup>lt;sup>3</sup> Are you satisfied with the current FMF-related health status of your patient?

Is the patient satisfied with their current FMF-related health status?