

Tick box (☐ or ☐) only if abnormality is ascribable to the presence of active Wegener's Granulomatosis (chronic damage should be scored separately in the Vasculitis Damage Index, VDI.)

☐ Tick box only if the abnormality is **persistent disease activity** since the last assessment and not worse within the **previous 28 days**.

☐ Tick box only if the abnormality is **newly present or worse** within the **previous 28 days**.

☐ If no items are present in any section, tick "none"

Major items are bold and marked with *

All WG-related clinical features need to be documented on this form if they are related to active disease. Use "OTHER" category as needed.

1. Clinic ID: _____

2. Patient ID: _____

3. Patient name code: _____

4. Date of visit: _____ - _____ - _____
day month year

5. Visit ID: _____

6. Form & revision: _____ b _____ v _____ l

	Persistent	New/Worse	None
7. GENERAL			<input type="checkbox"/>
a. arthralgia/arthritis	<input type="checkbox"/>	<input type="radio"/>	
b. fever (≥ 38.0 C)	<input type="checkbox"/>	<input type="radio"/>	
8. CUTANEOUS			<input type="checkbox"/>
a. purpura	<input type="checkbox"/>	<input type="radio"/>	
b. skin ulcer	<input type="checkbox"/>	<input type="radio"/>	
c. * gangrene			
9. MUCOUS MEMBRANES/EYES			<input type="checkbox"/>
a. mouth ulcers	<input type="checkbox"/>	<input type="radio"/>	
b. conjunctivitis/episcleritis	<input type="checkbox"/>	<input type="radio"/>	
c. retro-orbital mass/proptosis	<input type="checkbox"/>	<input type="radio"/>	
d. uveitis	<input type="checkbox"/>	<input type="radio"/>	
e. * scleritis	<input type="checkbox"/>	<input type="radio"/>	
f. * retinal exudates/haemorrhage	<input type="checkbox"/>	<input type="radio"/>	
10. EAR, NOSE & THROAT			
a. bloody nasal discharge/ nasal crusting/ulcer	<input type="checkbox"/>	<input type="radio"/>	
b. sinus involvement	<input type="checkbox"/>	<input type="radio"/>	
c. swollen salivary gland	<input type="checkbox"/>	<input type="radio"/>	
d. subglottic inflammation	<input type="checkbox"/>	<input type="radio"/>	
e. conductive deafness	<input type="checkbox"/>	<input type="radio"/>	
f. * sensorineural deafness	<input type="checkbox"/>	<input type="radio"/>	
11. CARDIOVASCULAR			
a. pericarditis	<input type="checkbox"/>	<input type="radio"/>	
12. GASTROINTESTINAL			
a. * mesenteric ischemia	<input type="checkbox"/>	<input type="radio"/>	
13. PULMONARY			
a. pleurisy	<input type="checkbox"/>	<input type="radio"/>	
b. nodules or cavities	<input type="checkbox"/>	<input type="radio"/>	
c. other infiltrate secondary to WG	<input type="checkbox"/>	<input type="radio"/>	
d. endobronchial involvement	<input type="checkbox"/>	<input type="radio"/>	
e. * alveolar haemorrhage	<input type="checkbox"/>	<input type="radio"/>	
f. * respiratory failure	<input type="checkbox"/>	<input type="radio"/>	

DETERMINING DISEASE STATUS:

Severe flare: 1 new/worse Major item.

Limited flare: 1 new/worse Minor item.

Persistent disease: Continued (but not new/worse) activity.

Remission: No active disease, including either new/worse or persistent items.

19. PHYSICIAN'S GLOBAL ASSESSMENT (PGA)

Mark line to indicate the amount of WG disease activity (not including longstanding damage) within the **previous 28 days**:

Remission |-----| Maximum activity
0 10

20. Value in item #19: _____ mm (distance from 0 to tick mark in millimeters)

21. DATE FORM REVIEWED: ____-____-____

22. STUDY PHYSICIAN ID: _____

23. STUDY PHYSICIAN SIGNATURE: _____

	Persistent	New/Worse	None
14. RENAL			<input type="checkbox"/>
a. hematuria (<u>no</u> rbc casts) (1+ or 10 rbc/hpf)	<input type="checkbox"/>	<input type="radio"/>	
b. * RBCcasts	<input type="checkbox"/>	<input type="radio"/>	
c. * rise in creatinine > 30% or fall in creatinine clearance > 25%		<input type="radio"/>	
<i>Note: If both haematuria and RBC casts are present, score only the RBC casts (the major item)</i>			
15. NERVOUS SYSTEM			<input type="checkbox"/>
a. * meningitis	<input type="checkbox"/>	<input type="radio"/>	
b. * cord lesion		<input type="radio"/>	
c. * stroke		<input type="radio"/>	
d. * cranial nerve palsy		<input type="radio"/>	
e. * sensory peripheral neuropathy		<input type="radio"/>	
f. * motor mononeuritis multiplex		<input type="radio"/>	
16. OTHER:			<input type="checkbox"/>
(describe all items and * items deemed major)			
_____	<input type="checkbox"/>	<input type="radio"/>	
_____	<input type="checkbox"/>	<input type="radio"/>	
_____	<input type="checkbox"/>	<input type="radio"/>	
_____	<input type="checkbox"/>	<input type="radio"/>	
17. TOTAL NUMBER OF ITEMS:			<input type="checkbox"/>
a.	b.	c.	d.
Major New/Worse	Minor Persistent	Major New/Worse	Minor Persistent

18. CURRENT DISEASE STATUS (check all that apply):

a. Severe flare/new disease (☐)

b. Limited flare/new disease (☐)

c. Persistent severe disease (☐)

d. Persistent limited disease (☐)

e. Remission (☐)