

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 in bold and marked with \*

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

1. Subject ID:

2. Clinic ID:

3. Date form completed:   /   /    
day month year

4. Investigator:

	Persistent	New/Worse	None
<b>6. GENERAL</b> ( )			
a. arthralgia/arthritis	<input type="checkbox"/>	<input type="radio"/>	
b. fever (>= 38 degrees C)	<input type="checkbox"/>	<input type="radio"/>	
<b>7. CUTANEOUS</b> ( )			
a. purpura	<input type="checkbox"/>	<input type="radio"/>	
b. skin ulcer	<input type="checkbox"/>	<input type="radio"/>	
c. * gangrene	<input type="checkbox"/>	<input type="radio"/>	
<b>8. MUCOUS MEMBRANES/EYES</b> ( )			
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"/>	
<b>9. EAR, NOSE &amp; THROAT</b> ( )			
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"/>	
<b>10. CARDIOVASCULAR</b> ( )			
a. pericarditis	<input type="checkbox"/>	<input type="radio"/>	
<b>11. GASTROINTESTINAL</b> ( )			
a. * mesenteric ischemia	<input type="checkbox"/>	<input type="radio"/>	
<b>12. PULMONARY</b> ( )			
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 hemorrhage	<input type="checkbox"/>	<input type="radio"/>	
f. * respiratory failure	<input type="checkbox"/>	<input type="radio"/>	

**DETERMINING DISEASE STATUS:**

**Severe Disease / Flare:** >= 1 new/worse Major item.

**Limited Disease / Flare:** >= new/worse Minor item.

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

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

	Persistent	New/Worse	None
<b>13. RENAL</b> ( )			
a. hematuria (no RBC casts) (>= 1+ or >= 10 RBC/hpf)	<input type="checkbox"/>	<input type="radio"/>	
b. * RBC casts	<input type="checkbox"/>	<input type="radio"/>	
c. * rise in creatinine > 30% or fall in creatinine clearance > 25%	<input type="checkbox"/>	<input type="radio"/>	
<i>Note: If both hematuria and RBC casts are present, score only the RBC casts (the major item).</i>			
<b>14. NERVOUS SYSTEM</b> ( )			
a. * meningitis	<input type="checkbox"/>	<input type="radio"/>	
b. * cord lesion	<input type="checkbox"/>	<input type="radio"/>	
c. * stroke	<input type="checkbox"/>	<input type="radio"/>	
d. * cranial nerve palsy	<input type="checkbox"/>	<input type="radio"/>	
e. * sensory peripheral neuropathy	<input type="checkbox"/>	<input type="radio"/>	
f. * motor mononeuritis multiplex	<input type="checkbox"/>	<input type="radio"/>	
<b>15. OTHER</b> ( ) (describe all items and * items deemed major)			
<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	
<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	
<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	
<input type="text"/>	<input type="checkbox"/>	<input type="radio"/>	
<b>16. TOTAL NUMBER OF ITEMS:</b> ( )			
a. Major New / Worse	<input type="text"/>	<input type="text"/>	
b. Minor New / Worse	<input type="text"/>	<input type="text"/>	
c. Major Persistent	<input type="text"/>	<input type="text"/>	
d. Minor Persistent	<input type="text"/>	<input type="text"/>	

**17. CURRENT DISEASE STATUS** (check only one)

Severe Disease/Flare ( )

Limited Disease/Flare ( )

Persistent Disease ( )

Remission ( )

**18. 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 0 | \_\_\_\_\_ | 10 Maximum activity

19. Value in item #18

(distance from 0 to tick mark in millimeters)