

Birmingham Vasculitis Activity Score (version 3)

Patient ID:

Date of birth:

Total score:

Assessor:

Date of assessment

Tick an item only if attributable to active vasculitis. If there are no abnormalities in a section, please tick 'None' for that organ-system.		If all abnormalities are due to persistent disease (active vasculitis which is not new/worse in the prior 4 weeks), tick the PERSISTENT box at the bottom right corner	
Is this the patient's first assessment?		Yes <input type="radio"/> No <input type="radio"/>	
	None <input type="radio"/> Active disease <input type="radio"/>		None <input type="radio"/> Active disease <input type="radio"/>
1. General <input type="radio"/> Myalgia <input type="radio"/> Arthralgia / arthritis <input type="radio"/> Fever $\geq 38^\circ\text{C}$ <input type="radio"/> Weight loss ≥ 2 kg <input type="radio"/>		6. Cardiovascular <input type="radio"/> Loss of pulses <input type="radio"/> Valvular heart disease <input type="radio"/> Pericarditis <input type="radio"/> Ischaemic cardiac pain <input type="radio"/> Cardiomyopathy <input type="radio"/> Congestive cardiac failure <input type="radio"/>	
2. Cutaneous <input type="radio"/> Infarct <input type="radio"/> Purpura <input type="radio"/> Ulcer <input type="radio"/> Gangrene <input type="radio"/> Other skin vasculitis <input type="radio"/>		7. Abdominal <input type="radio"/> Peritonitis <input type="radio"/> Bloody diarrhoea <input type="radio"/> Ischaemic abdominal pain <input type="radio"/>	
3. Mucous membranes / eyes <input type="radio"/> Mouth ulcers <input type="radio"/> Genital ulcers <input type="radio"/> Adnexal inflammation <input type="radio"/> Significant proptosis <input type="radio"/> Scleritis / Episcleritis <input type="radio"/> Conjunctivitis / Blepharitis / Keratitis <input type="radio"/> Blurred vision <input type="radio"/> Sudden visual loss <input type="radio"/> Uveitis <input type="radio"/> Retinal changes (vasculitis / thrombosis / exudate / haemorrhage) <input type="radio"/>		8. Renal <input type="radio"/> Hypertension <input type="radio"/> Proteinuria $>1+$ <input type="radio"/> Haematuria ≥ 10 RBCs/hpf <input type="radio"/> Serum creatinine 125-249 $\mu\text{mol/L}^*$ <input type="radio"/> Serum creatinine 250-499 $\mu\text{mol/L}^*$ <input type="radio"/> Serum creatinine ≥ 500 $\mu\text{mol/L}^*$ <input type="radio"/> Rise in serum creatinine $>30\%$ or fall in creatinine clearance $>25\%$ <input type="radio"/> *Can only be scored on the first assessment	
4. ENT <input type="radio"/> Bloody nasal discharge / crusts / ulcers / granulomata <input type="radio"/> Paranasal sinus involvement <input type="radio"/> Subglottic stenosis <input type="radio"/> Conductive hearing loss <input type="radio"/> Sensorineural hearing loss <input type="radio"/>		9. Nervous system <input type="radio"/> Headache <input type="radio"/> Meningitis <input type="radio"/> Organic confusion <input type="radio"/> Seizures (not hypertensive) <input type="radio"/> Cerebrovascular accident <input type="radio"/> Spinal cord lesion <input type="radio"/> Cranial nerve palsy <input type="radio"/> Sensory peripheral neuropathy <input type="radio"/> Mononeuritis multiplex <input type="radio"/>	
5. Chest <input type="radio"/> Wheeze <input type="radio"/> Nodules or cavities <input type="radio"/> Pleural effusion / pleurisy <input type="radio"/> Infiltrate <input type="radio"/> Endobronchial involvement <input type="radio"/> Massive haemoptysis / alveolar haemorrhage <input type="radio"/> Respiratory failure <input type="radio"/>		10. Other <input type="radio"/> a. <input type="radio"/> b. <input type="radio"/> c. <input type="radio"/> d. <input type="radio"/>	
		PERSISTENT DISEASE ONLY: (Tick here if all the abnormalities are due to persistent disease) <input style="float: right; margin-right: 20px;" type="checkbox"/>	

References:

Version 1: Luqmani, RA, et al. (1994). "Birmingham Vasculitis Activity Score (BVAS) in systemic necrotizing vasculitis." QJM 87(11):671-8.
Version 2: Luqmani, RA, et al. (1997). "Disease assessment and management of the vasculitides." Baillieres Clin Rheumatol 11(2): 423-46.
Version 3: Mukhtyar C, et al (2008). "Modification and validation of the Birmingham Vasculitis Activity Score (version 3) Ann Rheum Dis. 2008 Dec 3. [Epub ahead of print]"