

<p><input type="radio"/> Tick box <b>only</b> if abnormality represents active disease (use the Vasculitis Damage Index, VDI to score items of damage). If there are no abnormalities in a system, please tick the "None" box</p> <p><input type="checkbox"/> <b>If all</b> the abnormalities recorded represent smouldering/low grade/grumbling disease, and there are no new/worse features, please remember to tick the box at the bottom right corner</p>		<p><b>1. Subject ID:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>2. Clinic ID:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>3. Date Form completed:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p style="text-align: center;">day                      month                      year</p> <p><b>4. Investigator:</b> <input type="text"/></p>	
<p><b>1. General</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Myalgia <span style="float: right;"><input type="radio"/></span></p> <p>Arthralgia or arthritis <span style="float: right;"><input type="radio"/></span></p> <p>Fever <math>\geq 38.0</math> C <span style="float: right;"><input type="radio"/></span></p> <p>Weight Loss <math>\geq 2</math> kg <span style="float: right;"><input type="radio"/></span></p>		<p><b>6. Cardiovascular</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Loss of pulses <span style="float: right;"><input type="radio"/></span></p> <p>Valvular heart disease <span style="float: right;"><input type="radio"/></span></p> <p>Pericarditis <span style="float: right;"><input type="radio"/></span></p> <p>Ischaemic cardiac pain <span style="float: right;"><input type="radio"/></span></p> <p>Cardiomyopathy <span style="float: right;"><input type="radio"/></span></p> <p>Congestive cardiac failure <span style="float: right;"><input type="radio"/></span></p>	
<p><b>2. Cutaneous</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Infarct <span style="float: right;"><input type="radio"/></span></p> <p>Purpura <span style="float: right;"><input type="radio"/></span></p> <p>Ulcer <span style="float: right;"><input type="radio"/></span></p> <p>Gangrene <span style="float: right;"><input type="radio"/></span></p> <p>Other skin vasculitis <span style="float: right;"><input type="radio"/></span></p>		<p><b>7. Abdominal</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Peritonitis <span style="float: right;"><input type="radio"/></span></p> <p>Bloody diarrhoea <span style="float: right;"><input type="radio"/></span></p> <p>Ischaemic abdominal pain <span style="float: right;"><input type="radio"/></span></p>	
<p><b>3. Mucous membranes/eyes</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Mouth ulcers/granulomata <span style="float: right;"><input type="radio"/></span></p> <p>Genital Ulcer <span style="float: right;"><input type="radio"/></span></p> <p>Adnexal inflammation <span style="float: right;"><input type="radio"/></span></p> <p>Significant proptosis <span style="float: right;"><input type="radio"/></span></p> <p>Red eye (Epi)scleritis <span style="float: right;"><input type="radio"/></span></p> <p>Red eye conjunctivitis / blepharitis / keratitis <span style="float: right;"><input type="radio"/></span></p> <p>Blurred vision <span style="float: right;"><input type="radio"/></span></p> <p>Sudden visual loss <span style="float: right;"><input type="radio"/></span></p> <p>Uveitis <span style="float: right;"><input type="radio"/></span></p> <p>Retinal vasculitis /retinal vessel <span style="float: right;"><input type="radio"/></span></p> <p>Thrombosis / retinal exudates / Retinal haemorrhages <span style="float: right;"><input type="radio"/></span></p>		<p><b>8. Renal</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Hypertension <span style="float: right;"><input type="radio"/></span></p> <p>Proteinuria <math>&gt;1+</math> <span style="float: right;"><input type="radio"/></span></p> <p>Haematuria <math>\geq 10</math> rbc/hpf <span style="float: right;"><input type="radio"/></span></p> <p>Creatinine 125-249 <math>\mu\text{mol/l}</math> <span style="float: right;"><input type="radio"/></span></p> <p>Creatinine 250-499 <math>\mu\text{mol/l}</math> <span style="float: right;"><input type="radio"/></span></p> <p>Creatinine <math>\geq 500</math> <math>\mu\text{mol/l}</math> <span style="float: right;"><input type="radio"/></span></p> <p>Rise in creatinine <math>&gt; 30\%</math> or Creatinine clearance fall <math>&gt; 25\%</math> <span style="float: right;"><input type="radio"/></span></p>	
<p><b>4. ENT</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Bloody nasal discharge/nasal Crusts/ulcers and/or granulomata <span style="float: right;"><input type="radio"/></span></p> <p>Paranasal sinus involvement <span style="float: right;"><input type="radio"/></span></p> <p>Subglottic stenosis <span style="float: right;"><input type="radio"/></span></p> <p>Conductive hearing loss <span style="float: right;"><input type="radio"/></span></p> <p>Sensorineural hearing loss <span style="float: right;"><input type="radio"/></span></p>		<p><b>9. Nervous System</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Headache <span style="float: right;"><input type="radio"/></span></p> <p>Meningitis <span style="float: right;"><input type="radio"/></span></p> <p>Organic confusion <span style="float: right;"><input type="radio"/></span></p> <p>Seizures (not hypertensive) <span style="float: right;"><input type="radio"/></span></p> <p>Stroke <span style="float: right;"><input type="radio"/></span></p> <p>Cord lesion <span style="float: right;"><input type="radio"/></span></p> <p>Cranial nerve palsy <span style="float: right;"><input type="radio"/></span></p> <p>Sensory peripheral neuropathy <span style="float: right;"><input type="radio"/></span></p> <p>Motor mononeuritis multiplex <span style="float: right;"><input type="radio"/></span></p>	
<p><b>5. Chest</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p>Wheeze <span style="float: right;"><input type="radio"/></span></p> <p>Nodules or cavities <span style="float: right;"><input type="radio"/></span></p> <p>Pleural effusion/pleurisy <span style="float: right;"><input type="radio"/></span></p> <p>Infiltrate <span style="float: right;"><input type="radio"/></span></p> <p>Endobronchial involvement <span style="float: right;"><input type="radio"/></span></p> <p>Massive haemoptysis/Alveolar Haemorrhage <span style="float: right;"><input type="radio"/></span></p> <p>Respiratory failure <span style="float: right;"><input type="radio"/></span></p>		<p><b>10. OTHER</b> <span style="float: right;">NONE <input type="radio"/> ACTIVE DISEASE <input type="radio"/></span></p> <p><input type="text"/> <span style="float: right;"><input type="radio"/></span></p> <p><input type="text"/> <span style="float: right;"><input type="radio"/></span></p> <p><input type="text"/> <span style="float: right;"><input type="radio"/></span></p> <p><input type="text"/> <span style="float: right;"><input type="radio"/></span></p>	
		<p><b>PERSISTENT DISEASE ONLY :</b></p> <p>Tick here if <b>all</b> the above abnormalities are due to low grade grumbling disease and not due to new/worse disease <input type="checkbox"/></p>	