

Participant ID

Mark only if abnormality is ascribable to the presence of active Wegener's Granulomatosis. Mark "Persistent" or "New/Worse" depending upon if the abnormality is persistent disease activity since the last assessment and not worse within the previous 28 days or if the abnormality is newly present or worse within the previous 28 days correspondingly. 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 this form if they are related to active diseases. Use "OTHER" category as needed.

	Persistent	New/Worse	None		Persistent	New/Worse	None
1. GENERAL			<input type="checkbox"/>	8. RENAL			<input type="checkbox"/>
a. arthralgia/arthritis	<input type="radio"/>	<input type="radio"/>		a. hematuria (no RBC casts)	<input type="radio"/>	<input type="radio"/>	
b. fever (≥ 38 degrees C)	<input type="radio"/>	<input type="radio"/>		($\geq 1 +$ or ≥ 10 RBC/hpf)			
2. CUTANEOUS			<input type="checkbox"/>	b. *RBC casts	<input type="radio"/>	<input type="radio"/>	
a. purpura	<input type="radio"/>	<input type="radio"/>		c. *rise in creatinine > 30% or fall	<input type="radio"/>	<input type="radio"/>	
b. skin ulcer	<input type="radio"/>	<input type="radio"/>		in creatinine clearance > 25%			
c. *gangrene	<input type="radio"/>	<input type="radio"/>		Note: If both hematuria and RBC casts are present, score only the RBC casts (the major item).			
3. MUCOUS MEMBRANES/EYES			<input type="checkbox"/>	9. NERVOUS SYSTEM			<input type="checkbox"/>
a. mouth ulcers	<input type="radio"/>	<input type="radio"/>		a. *meningitis	<input type="radio"/>	<input type="radio"/>	
b. conjunctivitis/episcleritis	<input type="radio"/>	<input type="radio"/>		b. *cord lesion	<input type="radio"/>	<input type="radio"/>	
c. retro-orbital mass/proptosis	<input type="radio"/>	<input type="radio"/>		c. *stroke	<input type="radio"/>	<input type="radio"/>	
d. uveitis	<input type="radio"/>	<input type="radio"/>		d. *cranial nerve palsy	<input type="radio"/>	<input type="radio"/>	
e. *scleritis	<input type="radio"/>	<input type="radio"/>		e. *sensory peripheral neuropathy	<input type="radio"/>	<input type="radio"/>	
f. *retinal exudates/haemorrhage	<input type="radio"/>	<input type="radio"/>		f. *motor mononeuritis multiplex	<input type="radio"/>	<input type="radio"/>	
4. EAR, NOSE & THROAT			<input type="checkbox"/>	10. OTHER (describe all items and * items deemed major)			<input type="checkbox"/>
a. bloody nasal discharge / nasal crusting / ulcer	<input type="radio"/>	<input type="radio"/>		<i>Major</i>			
b. sinus involvement	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> _____	<input type="radio"/>	<input type="radio"/>	
c. swollen salivary gland	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> _____	<input type="radio"/>	<input type="radio"/>	
d. subglottic inflammation	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> _____	<input type="radio"/>	<input type="radio"/>	
e. conductive deafness	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/> _____	<input type="radio"/>	<input type="radio"/>	
f. *sensorineural deafness	<input type="radio"/>	<input type="radio"/>					
5. CARDIOVASCULAR			<input type="checkbox"/>	11. TOTAL NUMBER OF ITEMS:			<input type="checkbox"/>
a. pericarditis	<input type="radio"/>	<input type="radio"/>		a. _____	b. _____	c. _____	d. _____
6. GASTROINTESTINAL			<input type="checkbox"/>	Major	Minor	Major	Minor
a. *mesenteric ischemia	<input type="radio"/>	<input type="radio"/>		New / Worse	New / Worse	Persistent	Persistent
7. PULMONARY			<input type="checkbox"/>	12. CURRENT DISEASE STATUS (check only one)			
a. pleurisy	<input type="radio"/>	<input type="radio"/>		Severe Disease/Flare	<input type="checkbox"/>		
b. nodules or cavities	<input type="radio"/>	<input type="radio"/>		Limited Disease/Flare	<input type="checkbox"/>		
c. other infiltrate secondary to WG	<input type="radio"/>	<input type="radio"/>		Persistent Disease	<input type="checkbox"/>		
d. endobronchial involvement	<input type="radio"/>	<input type="radio"/>		Remission	<input type="checkbox"/>		
e. *alveolar hemorrhage	<input type="radio"/>	<input type="radio"/>					
f. *respiratory failure	<input type="radio"/>	<input type="radio"/>					
DETERMINING DISEASE STATUS:							
Severe Disease / Flare: ≥ 1 new/worse Major item							
Limited Disease / 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							

13. PHYSICIAN'S GLOBAL ASSESSMENT (PGA)

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

	0	1	2	3	4	5	6	7	8	9	10
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remission											Maximum activity