Tick box (□ or O) only if abnormality is ascribable to the prescence 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**.
O 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
6. GENERAL			( )
a. arthralgia/arthritis	□	O	
b. fever (>= 38 degrees C)	□	O	
7. CUTANEOUS			( )
a. purpura	□	O	
b. skin ulcer	□	O	
c. * gangrene	□	O	
8. MUCOUS MEMBRANES/EYES			( )
a. mouth ulcers	□	O	
b. conjunctivitis/episcleritis	□	O	
c. retro-orbital mass/proptosis	□	O	
d. uveitis	□	O	
e. *scleritis	□	O	
f. * retinal exudates/haemorrhage	□	O	
9. EAR, NOSE & THROAT			( )
a. bloody nasal discharge / nasal crusting / ulcer	□	O	
b. sinus involvement	□	O	
c. swollen salivary gland	□	O	
d. subglottic inflammation	□	O	
e. conductive deafness	□	O	
f. * sensorineural deafness	□	O	
10. CARDIOVASCULAR			( )
a. pericaritis	□	O	
11. GASTROINTESTINAL			( )
a. * mesenteric ischemia	□	O	
12. PULMONARY			( )
a. pleurisy	□	O	
b. nodules or cavities	□	O	
c. other infiltrate secondary to WG	□	O	
d. endobronchial involvement	□	O	
e. * alveolar hemorrhage	□	O	
f. * respiratory failure	□	O	

	Persistent	New/Worse	None
13. RENAL			( )
a. hematuia (no RBC casts) (>= 1 + or >= 10 RBC/hpf)	□	O	
b. * RBC casts	□	O	
c. * rise in creatinine > 30% or fall in creatinine clearance > 25%	□	O	
14. NERVOUS SYSTEM			( )
a. * meningitis	□	O	
b. * cord lesion	□	O	
c. * stroke	□	O	
d. * cranial nerve palsy	□	O	
e. * sensory peripheral neuropathy	□	O	
f. * motor mononeuritis multiplex	□	O	
15. OTHER (describe all items and * items deemed major)			( )
	□	O	
	□	O	
	□	O	
	□	O	

Note: *If both hematuria and RBC casts are present, score only the RBC casts (the major item).*

16. TOTAL NUMBER OF ITEMS: ( )

a.	b.	c.	d.
Major New / Worse	Minor New / Worse	Major Persistent	Minor Persistent

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.

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)