

VASCULITIS ACTIVITY SCORE

○ Tick box **only** if abnormality is **newly present** since last assessment or **worse** in the last **few weeks** (use the Vasculitis Damage Index, VDI to score items of damage)
 □ Tick box **only** if abnormality is due to **active** (but not new or worse) vasculitis
 ◇ Tick box if more information (specialist opinion/tests) is requested
 @ oral/axillary temperatures; rectal temperatures are 0.5°C higher

DEMOGRAPHY
Trial Number
Visit Date / /
Investigator

PERSISTENT **NEW/WORSE**

PERSISTENT **NEW/WORSE**

1. GENERAL □ (none)

malaise	<input type="checkbox"/>	<input type="radio"/>
myalgia	<input type="checkbox"/>	<input type="radio"/>
arthralgia/arthritis	<input type="checkbox"/>	<input type="radio"/>
headache	<input type="checkbox"/>	<input type="radio"/>
fever (< 38.5°C)@	<input type="checkbox"/>	<input type="radio"/>
fever (≥ 38.5°C)@	<input type="checkbox"/>	<input type="radio"/>
wt loss (≥ 2kg)	<input type="checkbox"/>	<input type="radio"/>

2. CUTANEOUS □ (none)

Infarct	<input type="checkbox"/>	<input type="radio"/>
purpura	<input type="checkbox"/>	<input type="radio"/>
other skin vasculitis	<input type="checkbox"/>	<input type="radio"/>
ulcer	<input type="checkbox"/>	<input type="radio"/>
gangrene	<input type="checkbox"/>	<input type="radio"/>
multiple digit gangrene	<input type="checkbox"/>	<input type="radio"/>

3. MUCOUS MEMBRANES/EYES □ (none)

mouth ulcers	<input type="checkbox"/>	<input type="radio"/>
genital ulcers	<input type="checkbox"/>	<input type="radio"/>
significant proptosis	<input type="checkbox"/>	<input type="radio"/>
red eye- conjunctivitis	<input type="checkbox"/>	<input type="radio"/>
red eye- epi/scleritis	<input type="checkbox"/>	<input type="radio"/>
blurred vision	<input type="checkbox"/>	<input type="radio"/>
sudden visual loss	<input type="checkbox"/>	<input type="radio"/>
<i>ophthalmic opinion</i>	◇	
no active vasculitis	<input type="radio"/>	
uveitis	<input type="radio"/>	
retinal exudates	<input type="radio"/>	
retinal haemorrhage	<input type="radio"/>	

4. ENT □ (none)

Nasal obstruction	<input type="checkbox"/>	<input type="radio"/>
Bloody nasal discharge	<input type="checkbox"/>	<input type="radio"/>
Nasal crusting	<input type="checkbox"/>	<input type="radio"/>
Sinus involvement	<input type="checkbox"/>	<input type="radio"/>
Hearing loss	<input type="checkbox"/>	<input type="radio"/>
Hoarseness/stridor	<input type="checkbox"/>	<input type="radio"/>
<i>ENT opinion</i>	◇	
no active vasculitis	<input type="radio"/>	
Granulomatous sinusitis	<input type="radio"/>	
Conductive hearing loss	<input type="radio"/>	
Sensorineural hearing loss	<input type="radio"/>	
Significant Subglottic inflammation	<input type="radio"/>	

5. CHEST □ (none)

persistent cough	<input type="checkbox"/>	<input type="radio"/>
dyspnoea or wheeze	<input type="checkbox"/>	<input type="radio"/>
Haemoptysis/haemorrhage	<input type="checkbox"/>	<input type="radio"/>
<i>chest radiology performed</i>		◇
no active vasculitis	<input type="radio"/>	
nodules or cavities	<input type="radio"/>	
pleural effusion/pleurisy	<input type="radio"/>	
Infiltrate	<input type="radio"/>	
massive haemoptysis or alveolar haemorrhage	<input type="checkbox"/>	<input type="radio"/>
respiratory failure	<input type="checkbox"/>	<input type="radio"/>

6. CARDIOVASCULAR □ (none)

aortic incompetence	<input type="checkbox"/>	<input type="radio"/>
pericardial pain/rub	<input type="checkbox"/>	<input type="radio"/>
ischaemic cardiac pain	<input type="checkbox"/>	<input type="radio"/>
congestive cardiac failure	<input type="checkbox"/>	<input type="radio"/>
<i>cardiology opinion/tests</i>		◇
no active vasculitis	<input type="radio"/>	
pericarditis	<input type="radio"/>	
myocardial infarct/angina	<input type="radio"/>	
cardiomyopathy	<input type="radio"/>	

7. ABDOMINAL □ (none)

severe abdominal pain	<input type="checkbox"/>	<input type="radio"/>
bloody diarrhoea	<input type="checkbox"/>	<input type="radio"/>
<i>surgical opinion/tests</i>		◇
no active vasculitis	<input type="radio"/>	
gut perforation/infarct	<input type="radio"/>	
acute pancreatitis	<input type="radio"/>	

8. RENAL □ (none)

hypertension (diastol>95)	<input type="checkbox"/>	<input type="radio"/>
proteinuria >1+ />0.2g/24h	<input type="checkbox"/>	<input type="radio"/>
haematuria >1+ />10rbc/ml	<input type="checkbox"/>	<input type="radio"/>
creatinine 125-249 umol/l	<input type="checkbox"/>	<input type="radio"/>
creatinine 250-499 umol/l	<input type="checkbox"/>	<input type="radio"/>
creatinine >500 umol/l	<input type="checkbox"/>	<input type="radio"/>
rise in creatinine >30% or fall in creatinine clearance >25%	<input type="checkbox"/>	<input type="radio"/>

9. NERVOUS SYSTEM □ (none)

organic confusion/dementia	<input type="checkbox"/>	<input type="radio"/>
seizures(not hypertensive)	<input type="checkbox"/>	<input type="radio"/>
stroke	<input type="checkbox"/>	<input type="radio"/>
cord lesion	<input type="checkbox"/>	<input type="radio"/>
sensory peripheral neuropathy	<input type="checkbox"/>	<input type="radio"/>
cranial nerve palsy	<input type="checkbox"/>	<input type="radio"/>
motor mononeuritis multiplex	<input type="checkbox"/>	<input type="radio"/>

10. OTHER