

WGET

BVAS for Wegener's Granulomatosis Evaluation Form

Tick box (or) only if abnormality is ascribable to the presence 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**.

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 this form if they are related to active disease. Use "OTHER" category as needed.

| | |
|-----------------------|--------------------------------------|
| 1. Clinic ID: | _____ |
| 2. Patient ID: | _____ |
| 3. Patient name code: | _____ |
| 4. Date of visit: | ____ - ____ - ____ day month year |
| 5. Visit ID: | _____ |
| 6. Form & revision: | b. v. l. |

| | Persistent | New/Worse | None |
|--|--------------------------|-----------------------|--------------------------|
| 7. GENERAL | | | <input type="checkbox"/> |
| a. arthralgia/arthritis | <input type="checkbox"/> | <input type="radio"/> | |
| b. fever (≥ 38.0 °C) | <input type="checkbox"/> | <input type="radio"/> | |
| 8. CUTANEOUS | | | <input type="checkbox"/> |
| a. purpura | <input type="checkbox"/> | <input type="radio"/> | |
| b. skin ulcer | <input type="checkbox"/> | <input type="radio"/> | |
| c. * gangrene | <input type="checkbox"/> | <input type="radio"/> | |
| 9. MUCOUS MEMBRANES/EYES | | | <input type="checkbox"/> |
| a. mouth ulcers | <input type="checkbox"/> | <input type="radio"/> | |
| b. conjunctivitis/episcleritis | <input type="checkbox"/> | <input type="radio"/> | |
| c. retro-orbital mass/proptosis | <input type="checkbox"/> | <input type="radio"/> | |
| d. uveitis | <input type="checkbox"/> | <input type="radio"/> | |
| e. * scleritis | <input type="checkbox"/> | <input type="radio"/> | |
| f. * retinal exudates/haemorrhage | <input type="checkbox"/> | <input type="radio"/> | |
| 10. EAR, NOSE & THROAT | | | <input type="checkbox"/> |
| a. bloody nasal discharge/nasal crusting/ulcer | <input type="checkbox"/> | <input type="radio"/> | |
| b. sinus involvement | <input type="checkbox"/> | <input type="radio"/> | |
| c. swollen salivary gland | <input type="checkbox"/> | <input type="radio"/> | |
| d. subglottic inflammation | <input type="checkbox"/> | <input type="radio"/> | |
| e. conductive deafness | <input type="checkbox"/> | <input type="radio"/> | |
| f. * sensorineural deafness | <input type="checkbox"/> | <input type="radio"/> | |
| 11. CARDIOVASCULAR | | | <input type="checkbox"/> |
| a. pericarditis | <input type="checkbox"/> | <input type="radio"/> | |
| 12. GASTROINTESTINAL | | | <input type="checkbox"/> |
| a. * mesenteric ischemia | <input type="checkbox"/> | <input type="radio"/> | |
| 13. PULMONARY | | | <input type="checkbox"/> |
| a. pleurisy | <input type="checkbox"/> | <input type="radio"/> | |
| b. nodules or cavities | <input type="checkbox"/> | <input type="radio"/> | |
| c. other infiltrate secondary to WG | <input type="checkbox"/> | <input type="radio"/> | |
| d. endobronchial involvement | <input type="checkbox"/> | <input type="radio"/> | |
| e. * alveolar haemorrhage | <input type="checkbox"/> | <input type="radio"/> | |
| f. * respiratory failure | <input type="checkbox"/> | <input type="radio"/> | |

| | Persistent | New/Worse | None |
|--|--------------------------|-----------------------|--------------------------|
| 14. RENAL | | | <input type="checkbox"/> |
| a. haematuria (no rbc casts) ($\geq 1+$ or ≥ 10 rbc/hpf) | <input type="checkbox"/> | <input type="radio"/> | |
| b. * RBC casts | <input type="checkbox"/> | <input type="radio"/> | |
| c. * rise in creatinine $>30\%$ or fall in creatinine clearance $>25\%$ | <input type="checkbox"/> | <input type="radio"/> | |
| Note: If both haematuria and RBC casts are present, score only the RBC casts (the major item). | | | |
| 15. NERVOUS SYSTEM | | | <input type="checkbox"/> |
| a. * meningitis | <input type="checkbox"/> | <input type="radio"/> | |
| b. * cord lesion | <input type="checkbox"/> | <input type="radio"/> | |
| c. * stroke | <input type="checkbox"/> | <input type="radio"/> | |
| d. * cranial nerve palsy | <input type="checkbox"/> | <input type="radio"/> | |
| e. * sensory peripheral neuropathy | <input type="checkbox"/> | <input type="radio"/> | |
| f. * motor mononeuritis multiplex | <input type="checkbox"/> | <input type="radio"/> | |
| 16. OTHER (describe all items and * items deemed major) | | | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="radio"/> | |
| _____ | <input type="checkbox"/> | <input type="radio"/> | |
| _____ | <input type="checkbox"/> | <input type="radio"/> | |
| _____ | <input type="checkbox"/> | <input type="radio"/> | |
| 17. TOTAL NUMBER OF ITEMS: | | | |
| a. | b. | c. | d. |
| _____ | _____ | _____ | _____ |
| Major New/Worse | Minor New/Worse | Major Persistent | Minor Persistent |

DETERMINING DISEASE STATUS:

Severe flare: ≥ 1 new/worse Major item.

Limited 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.

18. CURRENT DISEASE STATUS (check all that apply):

- a. Severe flare/new disease ()
- b. Limited flare/new disease ()
- c. Persistent severe disease ()
- d. Persistent limited disease ()
- e. Remission ()

19. PHYSICIAN'S GLOBAL ASSESSMENT (PGA)

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



20. Value in item #19: _____ mm (distance from 0 to tick mark in millimeters)

21. DATE FORM REVIEWED: _____ day - _____ month - _____ year

24. CLINIC COORDINATOR ID: _____

22. STUDY PHYSICIAN ID: _____

25. CLINIC COORDINATOR SIGNATURE: _____

23. STUDY PHYSICIAN SIGNATURE: _____