ID#: CLU: **«clu_study_id»** Form: 1 0 Ver: 0 1

SLE Cumulative Damage Index
Carolina Lupus Study Follow-Up 2001

The total damage in a patient with SLE may result from SLE itself or from any other pathologic process such as atherosclerosis, hypercoagulability, hypertension, therapy for SLE and other comorbid conditions. This global **Damage Index** summarizes the total of all damage that has occurred from any mechanism. Damage is defined as non-reversible change, not related to active inflammation, occurring since diagnosis of lupus, ascertained by clinical assessment and present for at least 6 months (unless otherwise stated).

Patient's Name: DOB: **«scr_birth_date»**

Doctor's Name: **Dr. «fname» «referral_text»** Doctor ID: **«ref_source»**

Date of Last Office Visit: ___ / ___ / _____
(month) (day) (year)

Patient's Current Weight: ___ pounds (If current weight not available, check (☐) here ____) ☐

Date Completed: ___ / ___ / _____
(month) (day) (year)

Rev. 8/6/01

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						Office Use Only
Ocular -- (either eye, by clinical assessment)	*(Please circle only one response)*					
1.	Cataract (lens opacity), documented by ophthalmoscopy	No	Yes		DK (Don't Know)	☐
2.	Retinal change or optic atrophy, documented by ophthalmoscopic exam -- may result in field defect, legal blindness	No	Yes		DK	☐
Neuropsychiatric						
3.	Cognitive impairment (memory deficit, difficulty with calculation, poor concentration, difficulty in spoken or written language, impaired performance level -- documented by clinical exam or by formal neurocognitive testing) OR major psychosis (altered ability to function in normal activity due to psychiatric reasons. Severe disturbance in the perception of reality characterized by delusions, hallucinations (auditory, visual), incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized or catatonic behavior.)	No	Yes		DK	☐
4.	Seizures requiring therapy for 6 months (paroxysmal electrical discharge occurring in the brain and producing characteristic physical changes including tonic and clonic movements and certain behavioral disorder)	No	Yes		DK	☐
5.	Cerebral vascular accident, resulting in focal findings such as paresis, weakness, etc. OR surgical resection for causes other than malignancy	0	1	*2+	DK	☐
6.	Cranial or peripheral neuropathy (damage to either a cranial or peripheral nerve, excluding optic nerve, resulting in either motor or sensory dysfunction)	No	Yes		DK	☐
7.	Transverse myelitis (lower-extremity weakness or sensory loss with loss of rectal and urinary bladder sphincter control)	No	Yes		DK	☐
Renal						
8.	End stage renal disease (regardless of dialysis or transplantation)	No	Yes		DK	☐
9.	**OR** ┌ Estimated or measured GRF < 50%	No	Yes		DK	☐
10.	└ Proteinuria >/= 3.5 gm/24 hours	No	Yes		DK	☐
Pulmonary						
11.	Pulmonary hypertension by right ventricular prominence or loud P2	No	Yes		DK	☐
12.	Pulmonary fibrosis by physical and x-ray	No	Yes		DK	☐
13.	Shrinking lung by x-ray	No	Yes		DK	☐
14.	Pleural fibrosis by x-ray	No	Yes		DK	☐
15.	Pulmonary infarction by x-ray or resection for cause other than malignancy	No	Yes		DK	☐
Cardiovascular						
16.	Angina or coronary artery bypass	No	Yes		DK	☐
17.	Myocardial infarction (documented by electrocardiograph and enzyme studies)	0	1	*2+	DK	☐
18.	Cardiomyopathy (ventricular dysfunction documented clinically)	No	Yes		DK	☐
19.	Valvular disease (diastolic murmur or systolic murmur > 3/6)	No	Yes		DK	☐
20.	Pericarditis for 6 months or pericardiectomy	No	Yes		DK	☐

***** *Circle 2 if more than 1 episode 6 months apart.*

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Peripheral Vascular *(Please circle only one response)*					
21. Claudication for at least 6 months by history	No	Yes		DK	☐
22. Minor tissue loss (e.g., pulp space)	No	Yes		DK	☐
23. Significant tissue loss (e.g., digit or limb, or resection)	0	1	*2+	DK	☐
24. Venous thrombosis with swelling, ulceration or clinical evidence of venous stasis	No	Yes		DK	☐
Gastrointestinal					
25. Infarction or resection of bowel (below duodenum), by history, resection of spleen, liver, or gall bladder for whatever cause	0	1	*2+	DK	☐
26. Mesenteric insufficiency with diffuse abdominal pain on clinical exam	No	Yes		DK	☐
27. Chronic peritonitis with persistent abdominal pain and peritoneal irritations on clinical exam	No	Yes		DK	☐
28. Esophageal stricture shown on endoscopy or upper GI tract surgery (e.g., correction of stricture, ulcer surgery)	No	Yes		DK	☐
29. Pancreatic insufficiency requiring enzyme replacement or with a pseudocyst	No	Yes		DK	☐
Musculoskeletal					
30. Muscle atrophy or weakness, by clinical exam	No	Yes		DK	☐
31. Deforming or erosive arthritis (including reducible deformities, excluding avascular necrosis), by clinical exam	No	Yes		DK	☐
32. Osteoporosis with fracture or vertebral collapse (excluding avascular necrosis), demonstrated radiographically	No	Yes		DK	☐
33. Avascular necrosis, demonstrated by any imaging technique	0	1	*2+	DK	☐
34. Osteomyelitis, documented clinically and supported by culture evidence	No	Yes		DK	☐
35. Ruptured tendons	No	Yes		DK	☐
Skin					
36. Alopecia (scarring, chronic, documented clinically)	No	Yes		DK	☐
37. Extensive scarring or panniculum other than scalp and pulp space, documented clinically	No	Yes		DK	☐
38. Skin ulceration (excluding thrombosis) for more than 6 months	No	Yes		DK	☐
Other					
39. Premature gonadal failure, secondary amenorrhea, prior to age 40	No	Yes		DK	☐
40. Diabetes requiring therapy, but regardless of treatment	No	Yes		DK	☐
41. Malignancy excluding dysplasia (documented by pathologic exam)	0	1	*2+	DK	☐

***** *Circle 2 if more than 1 episode 6 months apart.*

FOR OFFICE USE ONLY

SLE Cumulative Damage Score: ☐☐

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Current Medications:	**Dose:**	
01.		
02.		
03.		
04.		
05.		
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18.		

Please return each completed 4-page form in stamped, addressed envelope to:

Glinda Cooper, PhD, (NIEHS)
National Institute of Environmental
Health Sciences
P.O. Box 12233
Research Triangle Park, NC 27709

c/o Glenn Heartwell
1-800-948-7552 x327
Fax: (919)941-9349