**Lupus severity and disease activity questionnaire**

A: **Demography**

1. Serial number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Patient ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Gender: 1) Male 2) Female
5. Ethnicity: 1) Pakistani 2) Afghan 3) Other
6. Occupation: 1) Works outdoors (e.g. farmer, laborer, driver) 2) Works indoors (e.g. doctor, banker, house worker)
7. Time since diagnosis (months):\_\_\_\_\_\_\_\_\_\_

B: **Disease Activity**

1. SLEDAI score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C) Classification of lupus**

1. Active SLE
2. Inactive SLE

**D)** **Hematological parameters**

1. ESR
2. MPV
3. Hemoglobin (gm/dl)
4. Platelets (count/mm3):
5. WBC (count/mm3)

**E) Renal parameters**

1. Creatinine (mg/dl)
2. Urea (mg/dl)
3. Daily urinary potein (gm/day)\_\_\_\_\_\_\_\_\_\_\_\_

**F) Renal histology** (in patients with >0.5gm urinary protein/day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G) Clinical features**

* **Pregnancy (currently)**
1. Yes
2. No
* **Recurrence of SLE**
1. Yes
2. No
* If ‘yes’ to above, how many recurrences (please specify) \_\_\_\_\_\_\_\_\_\_
* **Tick the clinical feature that is present;**
1. Arthritis
2. Malar rash
3. Photosensitivity
4. Patchy alopecia
5. Pleurisy
6. Pericarditis
7. Neuropsychiatric problems
8. Oral ulcers
9. Anti-dsDNA antibodies
10. Antinuclear factor
11. Proteinuria (>0.5gm/day)
12. Non-specific aches and pains
13. Malaise
14. Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_