

Baseline items

Smoking status

Smoking status Never smoked
 Former smoker
 Current smoker

Pack-years _____

Year of cessation _____

(YYYY)

Baseline-specific items

Height (cm) _____

(cm)

Pre-LN S-creatinine (mg/dL) _____

(mg/dL)

Date of pre-LN S-creatinine _____

(YYYY-MM-DD)

Former medications (from SLE diagnosis until kidney biopsy; excluding LN treatment)

Glucocorticoids Yes
 No

IV Glucocorticoids Yes
 No

Oral Glucocorticoids Yes
 No

Antimalarial agents Yes
 No

Antimalarials (specify)
 Fill in all that apply Hydroxychloroquine
 Chloroquine
 Mepacrine
 Other antimalarial agents

Methotrexate Yes
 No

Azathioprine Yes
 No

Mycophenolic acid	<input type="radio"/> Yes <input type="radio"/> No
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Cyclosporine A	<input type="radio"/> Yes <input type="radio"/> No
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Tacrolimus	<input type="radio"/> Yes <input type="radio"/> No
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Other immunosuppressants	<input type="radio"/> Yes <input type="radio"/> No
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Other immunosuppressants (specify)	_____
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Belimumab	<input type="radio"/> Yes <input type="radio"/> No
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Rituximab	<input type="radio"/> Yes <input type="radio"/> No
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Other biologics	<input type="radio"/> Yes <input type="radio"/> No
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Other biologics (specify)	_____
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Small molecules	<input type="radio"/> Yes <input type="radio"/> No (e.g. JAK inhibitors)
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Small molecules (specify)	_____
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ACE inhibitors	<input type="radio"/> Yes <input type="radio"/> No
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Angiotensin II receptor blockers	<input type="radio"/> Yes <input type="radio"/> No
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NSAIDs (regular use for periods > 3 months)	<input type="radio"/> Yes <input type="radio"/> No (regular use)
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