

Visit items

Date of visit

(YYYY-MM-DD)

Clinical data

Weight (kg)

(kg)

S-creatinine (mg/dL)

(mg/dL)

Urine protein/creatinine ratio (UPCR; g/g)

(g/g)

Serum albumin (g/dL)

(g/dL)

Systolic blood pressure (mm Hg)

(mm Hg)

Diastolic blood pressure (mm Hg)

(mm Hg)

Positive anti-dsDNA
As per local laboratory cut-off

Yes
 No

C3 level (g/L)

(g/L)

Low C3
As per local laboratory cut-off

Yes
 No

C4 level (g/L)

(g/L)

Low C4
As per local laboratory cut-off

Yes
 No

Current medications

Glucocorticoids

- Yes
 No

IV Glucocorticoids

- Yes
 No

Methylprednisolone equivalent dose (cumulative for the current treatment; mg)

(mg)

Oral Glucocorticoids

- Yes
 No

Prednisone equivalent dose (mg/day)

(mg/day)

Antimalarial agents

- Yes
 No

Antimalarials (specify)

Fill in all that apply

- Hydroxychloroquine
 Chloroquine
 Mepacrine
 Other antimalarial agents

Hydroxychloroquine dose (mg/day)

(mg/day)

Chloroquine dose (mg/day)

(mg/day)

Mepacrine dose (mg/day)

(mg/day)

Name of other antimalarial drug (if not in the list)

Dose of other antimalarial drug (mg/day)

(mg/day)

Methotrexate

- Yes
 No

Methotrexate dose (mg/week)

(mg/week)

Azathioprine

- Yes
 No

Azathioprine dose (mg/day)

(mg/day)

Mycophenolic acid

- Yes
 No

Mycophenolate mofetil equivalent dose (mg/day)

(mg/day)

Cyclosporine A

- Yes
 No

Cyclosporine A dose (mg/day)

(mg/day)

Tacrolimus

- Yes
 No

Tacrolimus dose (mg/day)

(mg/day)

Other immunosuppressants

- Yes
 No

Other immunosuppressants (specify)

Belimumab

- Yes
 No

Belimumab administration

- Intravenous
 Subcutaneous

Rituximab

- Yes
 No

Other biologics

- Yes
 No

Other biologics (specify)

Small molecules

- Yes
 No
(e.g. JAK inhibitors)

Small molecules (specify)

ACE inhibitors

- Yes
- No

Angiotensin II receptor blockers

- Yes
- No