The ANCA-associated Vasculitis Patient-Reported Outcome (AAV-PRO) Questionnaire

AAV-PRO Questionnaire

Symptoms

Due to having vasculitis or its treatment, please rate your experience of the following problems, in general, during the <u>past 4 weeks</u>.

*Please ✓**only one box** for each statement.*

		None	Very mild	Mild	Moderate	Severe
1.	Chest problems (such as wheezing, 'chest tightness', coughing, or shortness of breath)	☐	☐	☐	☐	☐
2.	Problems with your ears (such as pain, difficulty hearing, a sense of pressure, or blockage)	☐	☐	☐	☐	☐
3.	Problems with your eyes (such as pain, blurred or poor vision, or sensitivity to light)	☐	☐	☐	☐	☐
4.	Problems with your nose or sinuses (such as pain, a sense of pressure, nosebleeds, blockage, runny nose, or crusting)	☐	☐	☐	☐	☐
5.	Problems with your mouth or throat (such as dryness, mouth sores, hoarseness, sore throat, or difficulty eating/swallowing)	☐	☐	☐	☐	☐
6.	Problems with your joints (such as aches and pains or swelling)	☐	☐	☐	☐	☐
7.	Pain, cramps or weakness affecting your muscles	☐	☐	☐	☐	☐
8.	Problems with your skin (such as swelling, blotches, a rash, bruising, or lumps)	☐	☐	☐	☐	☐
9.	Tiredness or fatigue	☐	☐	☐	☐	☐
10.	Feeling uncomfortably hot, cold, or feverish	☐	☐	☐	☐	☐
11.	Indigestion, heartburn, nausea, or sickness (vomiting)	☐	☐	☐	☐	☐

Difficulties with everyday life

Due to having vasculitis or its treatment, how difficult have you found the following activities, in general, during the <u>past 4 weeks</u>?

*Please ✓**only one box** for each statement.*

		No difficulty	A little difficult	Moderately difficult	Extremely difficult	I could not do this
12.	Walking around shops for <u>at least</u> an hour	☐	☐	☐	☐	☐
13.	Walking up a flight of stairs	☐	☐	☐	☐	☐
14.	Doing the physical activities that you wanted to (such as walking, sports, or fitness classes)	☐	☐	☐	☐	☐
15.	Washing and drying yourself, or getting dressed, <u>without help</u> from another person	☐	☐	☐	☐	☐
16.	Getting enough good sleep	☐	☐	☐	☐	☐

Social and emotional impact

Due to having vasculitis or its treatment, how often have the following applied to you, in general, during the <u>past 4 weeks</u>?

*Please ✓**only one box** for each statement.*

		None of the time	Rarely	Sometimes	Often	All of the time
17.	I have felt concerned about my weight (weight gain or weight loss)	☐	☐	☐	☐	☐
18.	I have felt upset or frustrated because I have been unable to work or do my everyday tasks	☐	☐	☐	☐	☐

Due to having vasculitis or its treatment, how often have the following applied to you, in general, during the past 4 weeks?

*Please ✓**only one box** for each statement.*

	None of the time	Rarely	Sometimes	Often	All of the time
19. I have worried about what will happen to me in the future	☐	☐	☐	☐	☐
20. I have been anxious, worried or stressed	☐	☐	☐	☐	☐
21. I have had difficulty concentrating or being focussed	☐	☐	☐	☐	☐
22. I have felt down or depressed	☐	☐	☐	☐	☐
23. I have worried about being dependent on other people	☐	☐	☐	☐	☐
24. I have had difficulty making long-term plans (for example, plans involving work, close relationships, or family)	☐	☐	☐	☐	☐
25. I have worried about travelling a long distance from home	☐	☐	☐	☐	☐
26. I have felt embarrassed or self-conscious due to my appearance or symptoms	☐	☐	☐	☐	☐
27. I have felt that I have let other people down (for example, because you couldn't provide help, or had to cancel an arrangement)	☐	☐	☐	☐	☐
28. I have felt that my life is now focussed on coping with my condition	☐	☐	☐	☐	☐
29. I have worried about the long-term effects of treatment	☐	☐	☐	☐	☐